

MA DESIGN INFORMATICS · DISSERTATION 2026

HER DAY

INTERACTIVE DIGITAL STORYTELLING OF MENOPAUSE
THROUGH EVERYDAY LIFE AND FIRST-PERSON VOICES

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ABSTRACT

Menopause can affect physical, cognitive, emotional and everyday life, yet public representations often focus on symptoms and medical information rather than how these changes are experienced within ordinary routines. This dissertation explores how interactive digital storytelling can place first-person accounts of menopause within familiar everyday contexts without attempting to simulate embodied experience or speak on behalf of women.

The project draws on thematic analysis of fifty publicly available first-person Reddit posts across five symptom categories: hot flashes, brain fog, pain, sleep issues and psychological issues. The analysis identified recurring patterns including disruption to everyday routines, overlapping and unpredictable symptoms, and substantial differences between individual experiences. These findings informed the development of *Her Day*, a continuously scrolling interactive website structured around an ordinary working day, a collection of multiple first-person voices, and an open reflection section.

The project proposes narrative translation, rather than symptom simulation, as one approach to designing with sensitive lived experiences. It demonstrates how interaction can direct attention to everyday contexts and recurring patterns while keeping individual voices and differences visible. Rather than claiming to produce empathy as an outcome, *Her Day* creates conditions for closer reading, comparison and reflection around experiences of menopause.

01, INTRODUCTION

I had rarely heard menopause discussed in my family. I only began to think seriously about it after seeing my mother close to breaking down. She seemed overwhelmed by physical and emotional changes, but neither she nor the people around her had a clear way to talk about what was happening. Until then, I had mostly heard menopause described as irritability, bad temper, or simply what happens at that age. That experience made me realise how easily a complex stage of life could be reduced to a few dismissive phrases.

What I noticed in my family also appears in wider discussions of menopause. It is often treated as a minor part of ageing that women should manage quietly by themselves (Wood et al., 2025). Symptoms may also be interpreted as a change in personality, rather than as physical and cognitive changes (Hickey et al., 2022). As a result, experiences such as pain, insomnia, brain fog and anxiety can be hidden behind judgements about women's age and character.

Medical information about menopause is widely available. Health websites explain symptoms, hormonal changes and possible treatments. However, knowing that brain fog affects concentration is different from understanding what it means to lose a familiar word during a meeting. This gap between symptom information and everyday experience became the starting point for my project.

This project does not aim to provide a complete medical account of menopause. Instead, it explores how a website can show the ways menopause interrupts an otherwise ordinary day. I focus on five areas: hot flashes, brain fog, pain, sleep problems, and emotional and mental health experiences. The intended readers include women who recognise these experiences and people who want to better understand a mother, partner, friend, relative or colleague.

To achieve this goal, this project poses the following core research questions:

How can interactive digital storytelling place first-person accounts of menopause within familiar everyday contexts? In doing so, how can it be designed to support understanding and empathy among readers from different backgrounds without over-simulating embodied experience or speaking for women?

I collected fifty publicly accessible Reddit posts, with ten accounts in each symptom category. The posts were analysed for their everyday contexts, emotional responses, effects on daily activity and social interactions. This analysis informed the later shift from imagined symptom effects to a design grounded in first-person accounts.

In this dissertation, Chapter 2 discusses menopause, stigma and invisibility, followed by empathic design and first-person storytelling. Chapter 3 explains how the Reddit posts were selected and analysed. Chapter 4 describes the main changes made during the design process, and Chapter 5 presents the final website. Chapter 6 considers ethics, evaluates the project against the research question, and discusses its limitations and future development. The final chapter returns to the research question.

02/

**CONTEXT AND
RELATED WORK**

2.1 CLINICAL OVERVIEW

Menopause can involve physical, psychological, cognitive and urogenital changes rather than one isolated symptom. The pooled prevalence of joint and muscular discomfort was estimated at 65.43%, followed by hot flashes (52.65%), sleep problems (51.89%), headache (43.91%), and heart discomfort (42.12%). Psychological symptoms were also common: physical and mental exhaustion (64.13%), irritability (54.37%), anxiety (50.53%), mood swings (49.03%), and depression (43.34%). Urinary and reproductive system symptoms include sexual problems (45.45%), vaginal dryness (37.34%), and urinary issues (34.49%). Additionally, cognitive and skin changes are also very common, with 54.44% of women experiencing forgetfulness or memory decline, and 44.85% having difficulty concentrating; the prevalence of changes in skin appearance, texture, or colour and dry skin exceeds 46%, and some women may also experience increased facial hair or a crawling sensation on the skin (Fang et al., 2024).

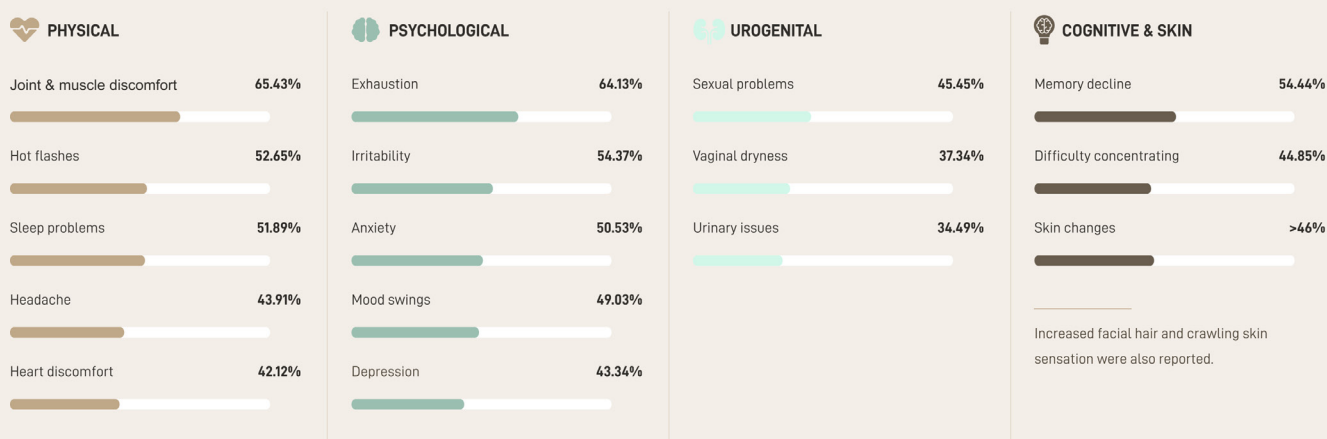


Figure 1. Menopause symptom prevalence
(Author's visualisation based on Fang et al., 2024).

Zhu et al. (2023) note that previous research has reported attention and memory difficulties in up to 70% of women during menopause. Musculoskeletal pain affects more than half of middle-aged women and may involve muscles, tendons, nerves and other soft tissues (Lu et al., 2020). It can cause persistent discomfort and restrict everyday movement. Vasomotor symptoms such as hot flashes and sleep disturbance are also associated with an increased risk of anxiety and depression (Alblooshi, Taylor and Gill, 2023). On average, women may experience 4 to 5 hot flashes per day, with severe cases reaching up to 20 times. About a quarter of women experience vasomotor symptoms every day, with daytime hot flashes being more frequent than night sweats (Avis, Crawford and Green, 2018). Salari et al. (2023) estimated the overall prevalence of sleep disorders among postmenopausal women at 51.6%. Among specific sleep disorders, restless legs syndrome showed a pooled prevalence of 63.8%. Together, these studies show that menopause can affect multiple physical, cognitive and psychological domains at the same time.

2.2 STIGMA

Menopause is a health experience, but public discussion may frame it through stereotypes of emotional instability, poor self-control, ageing and declining social value. Such attitudes can cause physical and psychological changes to be interpreted as flaws in women's character rather than experiences requiring understanding (Wood et al., 2025; de Salis et al., 2018).

Ageism and sexism can further shape how women understand menopause. Some women associate this stage with ageing, declining attractiveness, loss of fertility and reduced social or sexual value (de Salis et al., 2018). This imagination not only devalues the ageing process of women but also reinforces the standard that a woman's body must be young, desirable, and fertile to be valuable.

Furthermore, enduring is often portrayed as a moral requirement. Stephens and Breheny (2008) pointed out that when women face menopausal symptoms and medical choices, they do not merely make decisions based on medical risks and benefits, but rather demonstrate that they are responsible and morally acceptable members of society. In this narrative, health is regarded as an embodiment of self-discipline, restraint, and responsibility, while illness, pain, or expression of symptoms may be seen as self-indulgence, weakness, or lack of personal responsibility. Women may also feel morally expected to manage symptoms without complaint. Within this framework, healthy eating, exercise and continuing to work are presented as the right response. Medication or hormone therapy may instead be judged as weakness or a failure of personal responsibility (Stephens and Breheny, 2008). Menopause stigma therefore combines ageism, gendered assumptions, moral judgement and pressure to remain silent.

2.3 INVISIBILITY

Although menopause is a common life stage involving complex physical, psychological and social changes, it has long remained relatively marginal in medical research, public discussion and everyday communication.

Some women remain reluctant to speak openly about their experiences of menopause (Wood et al., 2025). Cronin et al. (2025) also noted that menopause research has historically been shaped by a biomedical approach. Most studies have focused on hormonal changes, the identification of symptoms and possible treatments. Women's own voices, emotional experiences and social or cultural contexts have received less attention. Without enough direct input from women, psychological effects such as anxiety, depression, feelings of loss and changes in identity may be overlooked.

This silence does not come from one single cause. It is shaped by family relationships, workplace culture, social attitudes and the wider information environment. Thavabalan et al. (2025) identified several barriers that prevent women from discussing their menopausal experiences. These include limited family and social support, a lack of understanding in the workplace, fear of ageing or losing feminine identity, poor-quality information and a lack of culturally relevant information and resources.

Within families and intimate relationships, partners may not fully understand what women are experiencing. They may respond to discomfort with insensitive jokes, stereotypes or comments that treat the symptoms as abnormal. Limited communication between generations can also leave younger women unprepared for physical and emotional changes. In the workplace, women may hide how they really feel because they fear being judged by younger colleagues, losing promotion opportunities or damaging their professional image. At the same time, menopause is often associated with ageing, weakness and a decline in attractiveness, causing many women to actively deny or conceal symptoms to avoid being regarded as ageing or weak.

Menopause silence should therefore not be understood simply as an unwillingness to speak. It is also shaped by whether women feel that their experiences will be understood, listened to and taken seriously.

2.4 EMPATHY DESIGN

Empathic design is an interpretive research method rooted in design practice. It explores the real experiences, emotions and desires in people's daily lives through in-depth investigation, and transforms these deep emotional insights into design inspiration and future scenarios (Mattelmäki, Vaajakallio and Koskinen, 2014). Leonard and Rayport (1997) summarised the practice of empathic design as a structured process, including observation, capturing data, reflection and analysis, brainstorming and prototype development. For this project, empathic design provides an important method: it makes menopause not just presented as a set of medical symptoms, but understood as an experience embedded in daily life, affecting women's work, communication, emotions and self-perception.



Figure 2. Empathic design process
(adapted from Leonard and Rayport, 1997).

However, empathy is not a tool that can directly lead to understanding. Heylighen and Dong (2019) argue that applications of empathy in design often skip an ethical and a perspectival step. Although designers sometimes use ageing experience suits, disability simulators, or other wearable devices to try to feel the situation of others, these methods can only create partial inconvenience but are difficult to present the psychological pressure, identity changes, and social relationships that arise when a person lives with physical changes over a long period. Therefore, designers must acknowledge the limits of what they can know about another person's embodied experience and cannot equate simulated experiences with true understanding (Heylighen and Dong, 2019).

Empathy can also bring cognitive biases. Empathy is not always neutral; people tend to empathise more with those who are similar to them, familiar, or attractive, which limits the designer's understanding. When designers imagine the user's feelings in their minds, designers may engage in egocentric projection, that is, unconsciously placing their own experiences and emotions into the user's situation and mistakenly believing that this is the other person's true needs (Heylighen and Dong, 2019).

Therefore, empathic design should be used with caution, rather than being understood as a direct simulation of putting on someone else's shoes. Molas (2022) also emphasises that empathy should not involve uncritically placing oneself in another person's position, as this may instead ignore the other person's true feelings. A more appropriate approach is to listen while keeping clear boundaries. Understanding should be guided by the other person's own experience. Based on this position, the project uses empathic design as a framework for listening to and organising first-person experiences rather than recreating bodily sensations.

2.5 DIGITAL STORYTELLING AND FIRST-PERSON TESTIMONY

Digital storytelling is more than simply turning a story into a video or a webpage. It is a way of organising, expressing and sharing personal experiences through digital media. Lambert (2013) describes digital stories as short media pieces developed from people's real-life experiences. Digital storytelling is therefore not only a form of communication. It also allows ordinary people to become the authors and speakers of their own stories.

By telling, editing and sharing their experiences, people can give structure to memories that may initially feel private, fragmented or difficult to explain. These experiences can then become public narratives that others are able to hear and understand. Through this process, digital storytelling can also help create new connections between people. Relatedly, first-person storytelling has been used in health communication to engage audiences and influence health-related attitudes, knowledge and behaviours (Lipsey et al., 2020). First-person accounts may also strengthen readers' identification. This effect may be stronger when a story is told in the past tense and when readers recognise similarities between themselves and the protagonist (Chen and Bell, 2022). Therefore, this project takes first-person narration as the main content basis. Compared with medical or educational texts, first-person stories preserve the words and everyday contexts women use to describe their physical changes, emotional shifts and social pressures. This also reduces the risk of designers depending too heavily on their own assumptions about other people's experiences.

2.6 RELATED PROJECTS

In recent years, more projects about menopause have appeared. These projects can be broadly grouped into three types: health platforms that mainly provide medical information, digital storytelling projects that focus on personal experiences, and artistic projects that use immersive media. Each type presents menopause from a different perspective. Together, they have helped spread knowledge and created more space for women's experiences. They also provide useful references for this project.

The first type mainly provides health information and helps women make decisions about treatment. For example, *My Menoplan* offers symptom assessments, treatment information and personalised advice. It helps women understand menopause and make more informed choices about their health (My Menoplan, n.d.). Platforms of this kind mainly aim to improve health knowledge and support medical decision-making. They pay less attention to helping the public understand the emotional and everyday effects of menopause. However, they show that complex health information needs to be presented through a clear and accessible digital structure.

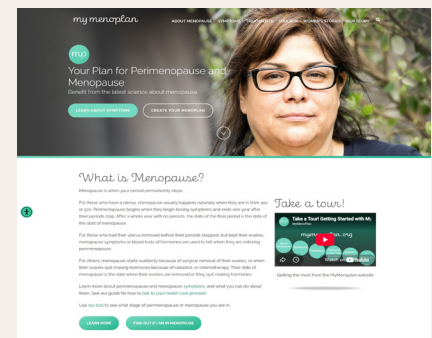


Figure 3. *My Menoplan* website (My Menoplan, n.d.).

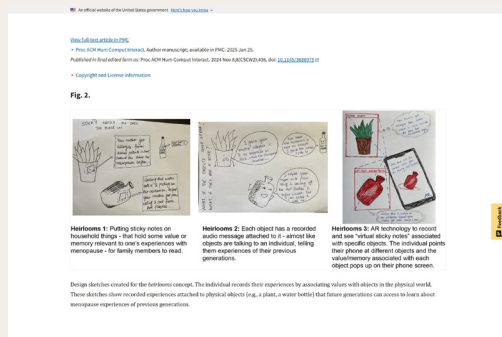


Figure 4. Design sketches for the heirlooms concept (Chopra et al., 2024, p.436).



Figure 5. MenoMakers embroidery activity (Brigstow Institute, 2021).

The second type focuses more directly on recording and sharing women's own experiences. *Menopause Legacies*, for example, preserves menopause stories through digital archives, recordings and diaries. It also encourages women from different generations to share their experiences with each other (Chopra et al., 2024). *Living Well Through the Menopause* uses workshops and collaborative activities to give participants space to express themselves, communicate with others and reconsider their own experiences (Brigstow Institute, 2021). These projects show the importance of first-person stories. They also present menopause as more than a medical issue. It is a life experience shaped by social relationships, cultural attitudes and emotions. The main purpose of these projects is to help women express and preserve their experiences. Building on this approach, my project considers how these real voices can be translated into an interactive reading experience for a wider public.



Figure 6. Interactive VR Environment in *The Baby Factory Is Closed* (Neon, 2026).

The third type explores how immersive media can support understanding. *The Baby Factory Is Closed*, for example, combines first-person storytelling with immersive technology. It invites viewers to engage with the experiences of menopausal women and challenges common stereotypes about ageing and the female body (Neon, 2026). This project shows that digital media can do more than communicate information. Narrative pace, sensory details and spatial design can also affect how emotionally involved the audience feels.



Figure 7. Official website of *The Baby Factory Is Closed* (Neon, 2026).



Figure 8. Immersive Scene in *The Baby Factory Is Closed* (Neon, 2026).

These projects have expanded the public discussion of menopause through health information, personal stories and immersive experiences. They suggest three useful principles for *Her Day*: clear information structure, first-person testimony, and interaction that encourages active reading and reflection.

Across these examples, however, there is less exploration of how first-person accounts might be embedded within familiar everyday routines through interaction without attempting to recreate the embodied experience of menopause. *Her Day* therefore explores how multiple existing accounts can be organised into a continuous interactive reading journey that moves from one everyday context to multiple voices and finally to reader reflection.

	Target group	Main focus	Strength	Limitation
MyMenoplan	Women in menopause	Symptom assessment and treatment information.	The medical information is clear and supports decision-making.	Lack of daily experience and emotional understanding.
Menopause Legacies	Women in menopause	Women's stories and archives.	Emphasizing first-person experience.	Limited interactivity and public participation.
Living Well Through the Menopause	Women in menopause	Workshop and collaborative creation.	Pay attention to women's expression and sharing.	More rely on offline activities or research contexts.
The Baby Factory Is Closed	The public	Immersive art experience.	Strong emotional impact, capable of challenging stereotypes.	Limitations of the venue.

Figure 9. Comparative analysis of reviewed menopause projects
(Author's own, 2026).

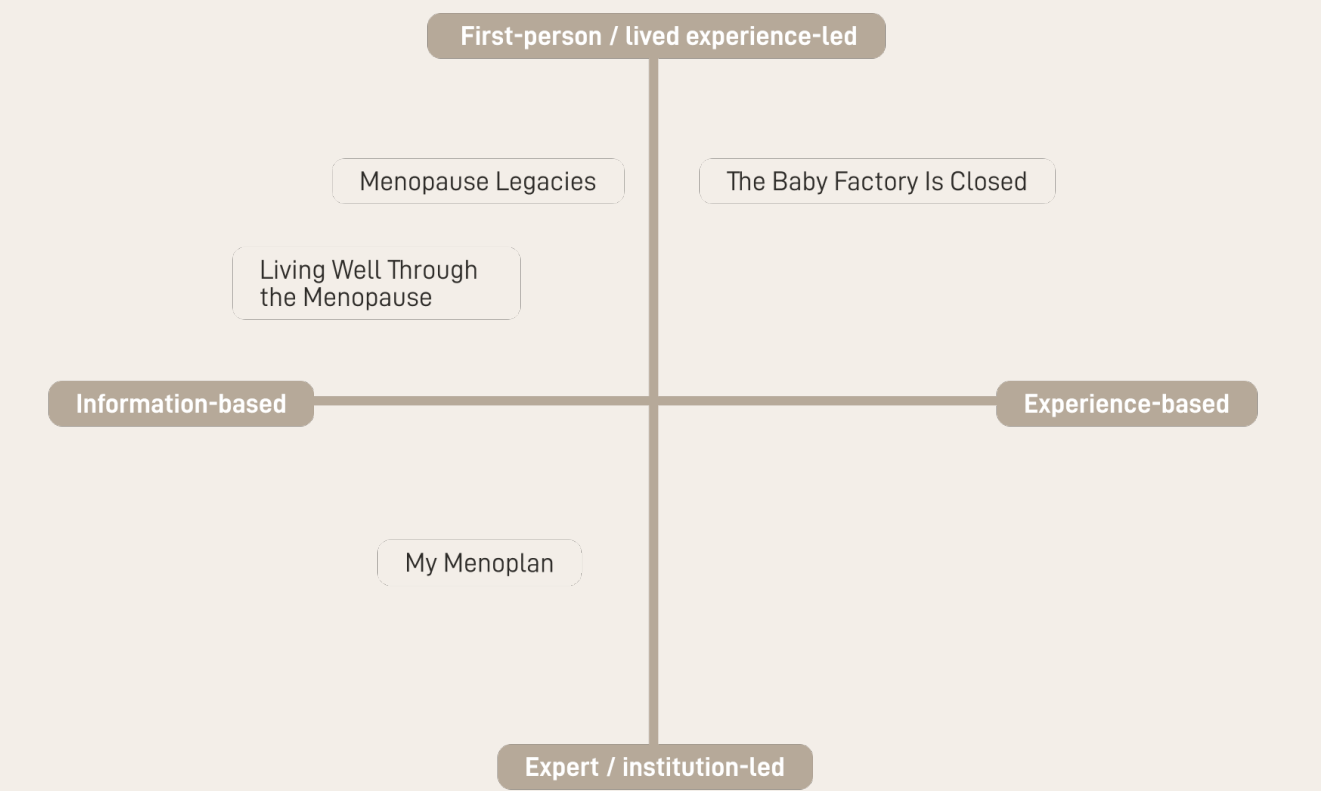


Figure 10. Positioning matrix of reviewed menopause projects
(Author's own, 2026).

03,

**RESEARCH
MATERIALS,
METHODOLOGY
AND INSIGHTS**

3.1 RESEARCH MATERIALS

The main research materials used in this project are publicly available first-person posts written in English on Reddit. These posts were selected because they often describe the specific situations in which symptoms occur. They also include the writers' immediate feelings and explain how menopause affects their work, family life, sleep and social relationships. This provides useful contextual information for the later thematic analysis and design translation. Medical questionnaires and symptom lists can explain the types or incidence of symptoms, but they rarely retain these narrative details. Therefore, they are not used as the main materials for analysis in this project.

The project eventually focused on five types of menopausal symptoms: Hot Flashes, Brain Fog, Sleep Issues, Pain and Psychological Issues. These five areas were selected for three main reasons.

First, they are commonly reported in existing research and together cover physical, cognitive and psychological changes. Second, they appeared repeatedly in the Reddit material and were often described through specific everyday situations. Finally, these symptoms could be clearly presented through everyday contexts. This made them suitable for translation into an interactive website where users could read, compare and notice how menopause affects daily life. By focusing on these five areas, the project aims to show the complexity of menopause within a manageable scope, rather than reducing it to a single form of physical discomfort.

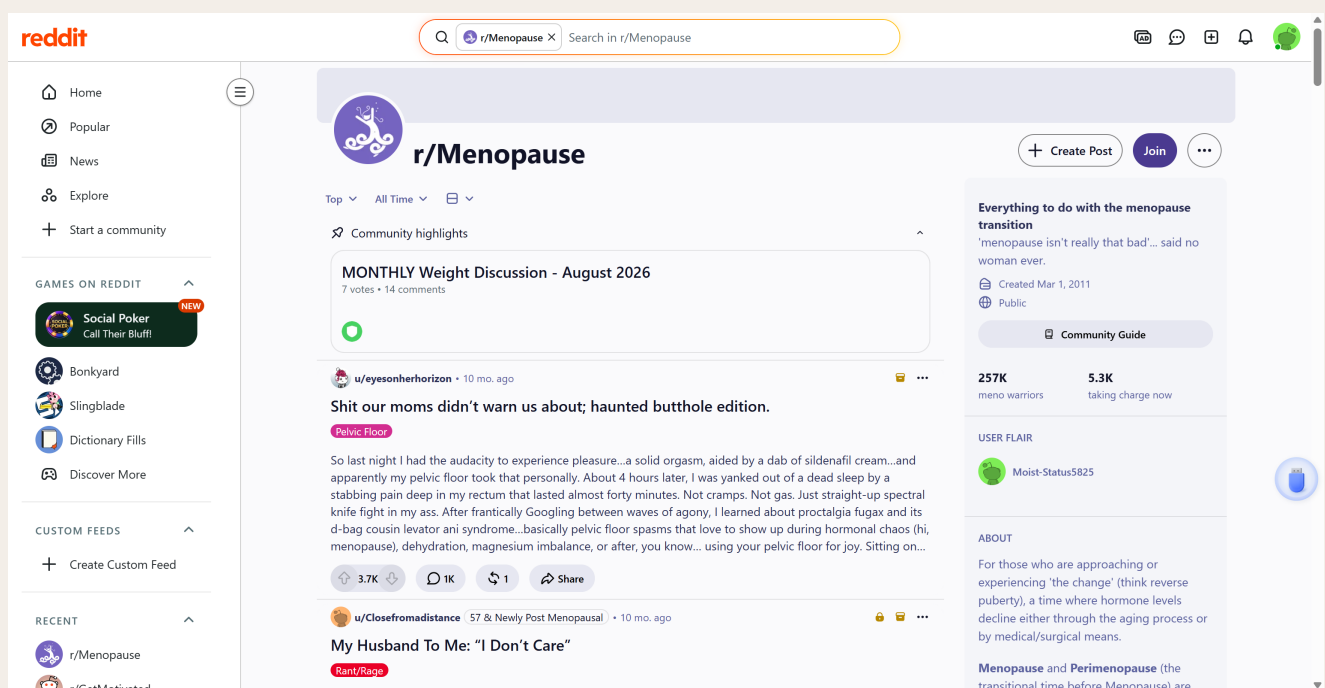


Figure 11. r/Menopause subreddit (Reddit, n.d.).

3.2 DATA COLLECTION AND THEMATIC ANALYSIS

The data analysis process was guided by a thematic analysis approach (Braun and Clarke, 2006). These posts are not treated as medical or diagnostic evidence. Instead, they are used as narrative materials to explore how menopause is experienced in everyday life. The analysis examined how women describe physical changes, emotional responses and the effects of symptoms in their own words.

The materials were collected between 24 and 28 June 2026 from the r/Menopause subreddit, a Reddit community focused on menopause and perimenopause. Posts were reviewed within five symptom categories: Hot Flashes, Brain Fog, Pain, Sleep Issues and Psychological Issues. Ten posts with clear everyday contexts and reasonably complete first-person narratives were selected from each category, creating a dataset of fifty texts.

During the selection process, I prioritised posts that described specific situations and everyday details. These included symptoms appearing during housework, shopping, work meetings, Zoom presentations, night-time awakenings, social activities and conversations with family members. Such accounts provide more useful context than short statements such as “I have hot flashes” or “I don’t sleep well.” They show more clearly how symptoms enter everyday life and affect physical comfort, emotions and the way women judge themselves. Posts were excluded if they were too short, contained little personal experience, mainly shared general medical information or had an obvious advertising purpose.



Figure 12. Initial post selection and thematic categorisation board on Miro
(Author's own, 2026).

During the reading and organisation stage, I kept the original wording, tone and context of the Reddit posts. I utilized five broad conceptual domains as analytical lenses: the form of the symptom, the situation in which it occurred, the emotional response, its effect on daily life and its effect on relationships with other people. For example, a post describing a forgotten word during a work meeting could be marked for the form of the symptom, its workplace context, the writer's emotional response and its effect on communication.

SOURCE ID	SYMPTOM CATEGORY	USERNAME	LINK	BLOG EXCERPT	EVERYDAY CONTEXT	EMOTIONAL RESPONSE	EFFECT ON DAILY LIFE	EFFECT ON RELATIONSHIPS	INITIAL THEMES
HF01	Hot Flashes	lumma-time-gal	https://www.reddit.com/r/menopause/comments/1t8p54uza	Hot flashes like constantly, I have not felt cold in any weather.	General daily context	Physical discomfort	General disruption to daily life	Not explicit	Loss of control over the body
HF02	Hot Flashes	Suckerforcats	https://www.reddit.com/r/menopause/comments/1t8p54uza	Any sort of activity other than sitting has me roasting! Cleaning the house all at once, taking a 1 mile walk when it's only 70 out at 9am, cleaning the garage...	Housework / Chores; Exercise / Movement; Sleep / Night-time; Home / Daily routine	Physical discomfort	Reduced mobility / physical activity; Difficulty with housework / daily tasks	Not explicit	Loss of control over the body
HF03	Hot Flashes	Street_Capital_8096	https://www.reddit.com/r/menopause/comments/1t8p54uza	I overheat doing minimal chores, I can be grocery shopping, folding laundry, vacuuming, cooking, cleaning. Sometimes doing something causes me to sweat profusely...	Housework / Chores; Shopping / Errands	Embarrassment / Self-consciousness; Physical discomfort	Difficulty with housework / daily tasks	Affects wider social interaction	Loss of control over the body
HF04	Hot Flashes	Sad_Individual_738	https://www.reddit.com/r/menopause/comments/1t8p54uza	When I entered peri-menopause about 14 years ago, Sleep / Night-time I started having facial flushing where the sweat is literally pouring off of me. There were some triggers -	Sleep / Night-time	Embarrassment / Self-consciousness; Physical discomfort	Disrupted sleep; Reduced mobility / physical activity	Not explicit	Loss of control over the body
HF05	Hot Flashes	madmaxia	https://www.reddit.com/r/menopause/comments/1t8p54uza	Really should call them morning sweats. Every morning for the past few weeks around 7/7:30 am there is literal sweat running down my face and neck. Don't judge me, I'm not an early riser and I'm Why do I have awful, multiple night sweats some days (I have been showering at 04:00 and have dry pyjamas on rotation) and then others not? Last night, I slept...	Sleep / Night-time	Embarrassment / Self-consciousness	Disrupted sleep	Not explicit	Loss of control over the body; Interrupted sleep
HF06	Hot Flashes	ninjalampie79	https://www.reddit.com/r/menopause/comments/1t8p54uza	One thing I'm unable to get under control is my night sweats. I go to bed cool, with only a sheet and blanket on me. Occasionally I have my ceiling fan on, dep...	Sleep / Night-time	Embarrassment / Self-consciousness	Disrupted sleep	Not explicit	Loss of control over the body; Interrupted sleep
HF07	Hot Flashes	Ok-Championship5464	https://www.reddit.com/r/menopause/comments/1t8p54uza	I thought I knew what to expect during menopause, but these night sweats? Wow, they're a whole new level of miserable. I wake up drenched, sometimes two or thr...	Sleep / Night-time	Embarrassment / Self-consciousness	Disrupted sleep; Concentration / memory difficulty	Not explicit	Loss of control over the body; Interrupted sleep
HF08	Hot Flashes	Nis_Glove_1225	https://www.reddit.com/r/menopause/comments/1t8p54uza	I feel like I'm being microwaved.	General daily context	Not explicit / mixed	General disruption to daily life	Not explicit	Loss of control over the body
HF09	Hot Flashes	Foux-du-Fa-Fa	https://www.reddit.com/r/menopause/comments/1t8p54uza	I literally felt like I was being cooked from the inside and like if you touched my skin it should feel like it's sizzling. However the only sweating I did was...	General daily context	Anxiety / Fear; Embarrassment / Self-consciousness	Concentration / memory difficulty; Emotional instability	Not explicit	Loss of control over the body; Self-doubt
HF10	Hot Flashes	LindseyLou55	https://www.reddit.com/r/menopause/comments/1t8p54uza	For the past 5 months or so, I've steadily noticed how I am forgetting words. I'll be talking and just the next word will compel disappear from my train of tho...	Sleep / Night-time	Confusion / Self-doubt	Work / communication difficulty; Concentration / memory difficulty	Not explicit	Difficulty communicating
BF01	Brain Fog	Fit-Hot5929	https://www.reddit.com/r/menopause/comments/1t8p54uza	Today packing for this 1 week trip made me cry. It was just hard, too hard. I kept losing my train of thought of what to pack next and pack. I almost cried too.	Work / Professional setting; Shopping / Errands; Sleep / Night-time	Sadness / Depression	Work / communication difficulty; Difficulty with housework / daily tasks; Concentration / memory difficulty; Emotional instability	Affects work communication	Disruption at work; Difficulty communicating; Emotional breakdown
BF02	Brain Fog	[deleted]	https://www.reddit.com/r/menopause/comments/1t8p54uza	What I wasn't prepared for was the fog. The way I'd be mid-sentence and just lose it completely or sit down to do something I've done a thousand times and feel...	Family / Social interaction	Sadness / Depression; Exhaustion / Overwhelm; Confusion / Self-doubt	Concentration / memory difficulty; Emotional instability	Affects family / partner relations	Difficulty communicating; Emotional breakdown; Lack of understanding from others
BF03	Brain Fog	Plus-impression-3516	https://www.reddit.com/r/menopause/comments/1t8p54uza	10 minutes ago, I thought about something I wanted to look up on Reddit. Open the app... "What the fuck did I want to look up?" Gone. I've been	General daily context	Not explicit / mixed	Concentration / memory difficulty	Not explicit	
BF04	Brain Fog	Stubbom_Strawberry	https://www.reddit.com/r/menopause/comments/1t8p54uza						

Table 1. Example of the coding process from first-person accounts to initial themes

I then compared the coded material across the posts and grouped recurring patterns into several initial themes. These themes were developed from patterns that appeared repeatedly across different contexts, emotional responses and effects on daily life. They included loss of control over the body, disruption at work, difficulty communicating, interrupted sleep, physical limitations caused by pain, self-doubt, emotional breakdown, and social withdrawal. These themes were not used to reduce complex personal experiences to fixed labels. Instead, they helped identify recurring difficulties across the accounts and provided a basis for the broader research insights discussed in Section 3.3.

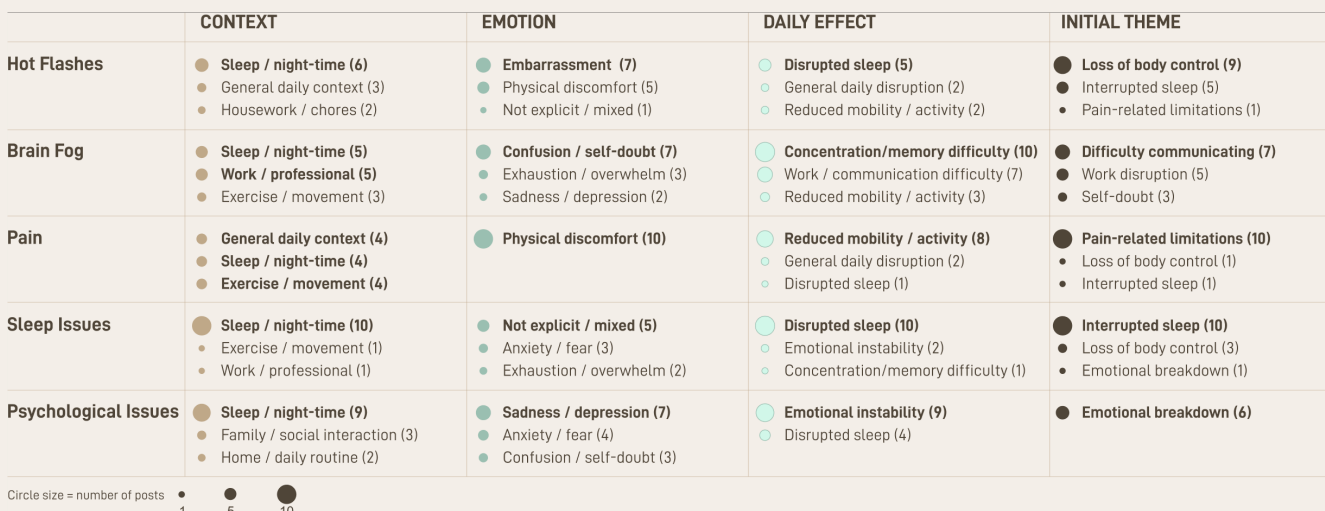


Figure 13. Recurring coded patterns across the five symptom categories (Author's own, 2026).

The Reddit materials therefore serve two main purposes in this project. First, they provide language and everyday situations described by menopausal women themselves. Second, they support a thematic understanding of the five symptom categories and provide the content basis for the later design process.

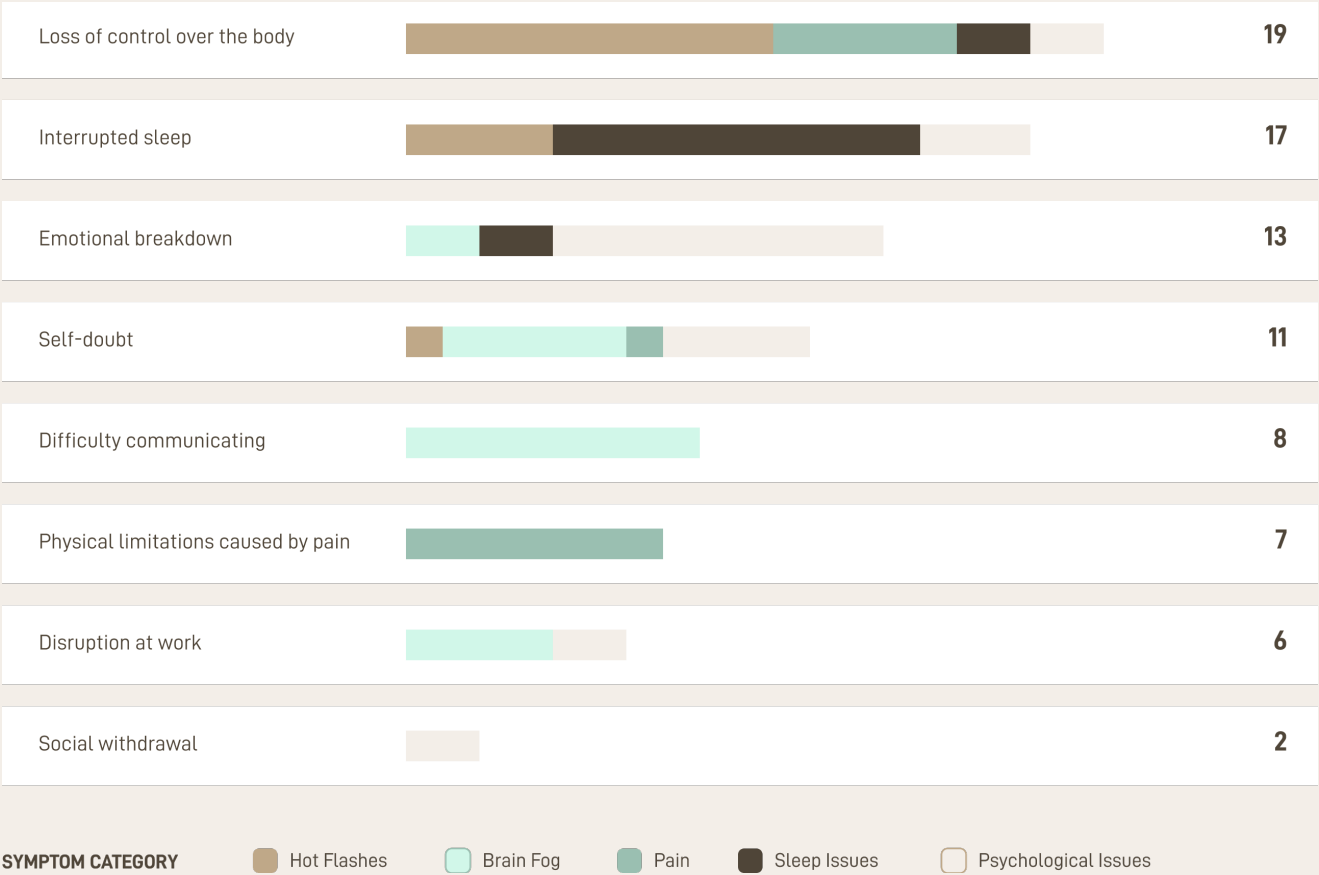


Figure 14. Distribution of initial themes across the 50 Reddit accounts (Author’s own, 2026).

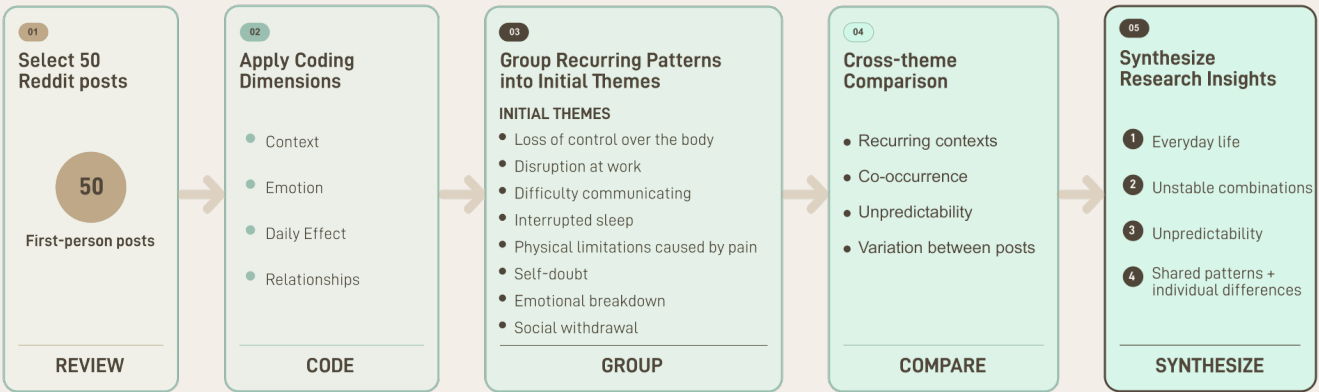


Figure 15. Thematic analysis process: from first-person Reddit posts to research insights (Author’s own, 2026).

3.3 RESEARCH INSIGHTS

Comparing the coded posts across the five symptom categories revealed several patterns that extended beyond individual symptoms. The initial themes often appeared across different categories and sometimes overlapped within the same account. This showed that menopause was experienced not simply as a set of separate symptoms, but through changing disruptions to everyday life. The four insights below were developed by comparing how these themes appeared, overlapped and differed across the fifty accounts.

Insight 1

Menopause is experienced through ordinary life

What appears repeatedly in the Reddit posts is not a series of isolated symptoms. Instead, the accounts show how symptoms repeatedly interrupt ordinary life. Brain fog may occur during meetings, while writing emails, in conversations, when packing for a trip or even while driving. Hot flashes may happen during housework, shopping, walking or quietly reading. Pain can affect simple actions such as standing up, walking, exercising or resting. Sleep problems may also continue to affect work, concentration and emotions the following day.

Across these accounts, the effects of menopause extend beyond physical changes within the body. They are experienced through work, communication, housework, social activities and rest. Therefore, understanding menopause requires more than explaining what the symptoms are. It also means recognising how these symptoms change the rhythm and experience of everyday life.

Insight 2

Symptoms form unstable combinations rather than fixed chains

Several symptoms may appear at the same time or overlap with one another. Hot flashes may occur together with sweating, chills, a fast heartbeat, nausea or anxiety. Sleep problems may be linked to night sweats, tiredness and poor concentration during the day. Emotional difficulties may also overlap with pain, brain fog and lack of sleep.

However, these connections do not follow one fixed pattern. Each woman may experience a different combination of symptoms, at different times and with different levels of impact. Menopause therefore cannot be explained as a single linear process. It is better understood as a changing group of physical and emotional experiences that often interact with one another. For the design, this meant avoiding any symptom pathway that could be read as universal.

Insight 3

Unpredictability is an important part of the experience

Many accounts emphasise the moment when symptoms suddenly appear: a familiar word suddenly disappears mid-sentence, the body suddenly overheats without any obvious warning, waking up in the middle of the night and being unable to fall asleep again, or a previously familiar task suddenly becomes difficult.

This unpredictability is itself an important part of experience. It makes it difficult for women to prepare in advance and may also bring embarrassment, fear and a sense of loss of control in work, public settings or family interactions. Thus, the burden caused by symptoms not only comes from the discomfort itself, but also from the sudden interruption of the original rhythm of life caused by them, as well as the uncertainty for women as to when the next change will occur.

Insight 4

Shared patterns do not erase individual differences

Different accounts share many common themes, but they also show clear individual differences. Some women describe hot flashes as a sudden rise in body temperature, while others focus on rapid changes between hot and cold or waking up soaked in sweat at night. Brain fog may cause brief embarrassment for some women, while others fear that they are losing their cognitive ability. Psychological difficulties can also vary greatly, from mild anxiety to panic, social withdrawal or an inability to continue working as usual.

This shows that shared experiences and personal differences can exist at the same time. Repeated themes help reveal the wider effects of menopause, but no single story can represent every woman. When presenting these accounts, it is important to show the similarities without removing each person's language, context and feelings. Complex experiences should not be reduced to one fixed or generalised story.

Overall, the Reddit materials show that menopause is closely connected to everyday life. Its effects can be sudden, overlapping and highly different from one person to another. Menopause affects more than physical health. It can repeatedly influence work, communication, rest, self-confidence and relationships with others. Based on these findings, the design should place these experiences within specific everyday situations. It should avoid presenting symptoms as fixed or suggesting that there is one shared menopause experience. It should also create space for different voices to be heard.

04,

**PROJECT
DEVELOPMENT
AND ITERATION**

4.1 FROM INFORMATION TO LIVED EXPERIENCE

The development of this project began with a change in how I understood the problem. At first, I planned to use an interactive website to introduce menopause to the public. I wanted users to learn about the physical, emotional, cognitive and sleep-related changes that menopause can bring. At this stage, the project mainly focused on explaining menopause: what it is, what symptoms may occur and why the topic deserves more attention.

As the research continued, I began to realise that information about menopause is not entirely absent. Medical websites, health platforms and research publications already provide a large amount of information about symptoms, treatments and health risks. What is less visible is the experience of living through these changes. People may recognise the name of a symptom, but they may not understand how it repeatedly affects work, communication, sleep and the way women see themselves. The issue was therefore not only whether the public knew about menopause. It was also whether they understood it as an ongoing experience that shapes everyday life.

The focus of the project gradually changed from explaining menopause to making these lived experiences more visible. This shift also changed the aim of the design. Rather than only presenting health information, the website began to use everyday situations, first-person language and interactive reading. It shows how symptoms become part of ordinary routines and create additional physical and emotional pressure for women. This change formed the basis of the later design decisions.

4.2 FROM SYMPTOM SIMULATION TO NARRATIVE TRANSLATION

After analysing the Reddit posts, my first design response focused on making menopausal symptoms more noticeable through interaction. The early concept used visual and sound effects to simulate experiences such as brain fog and hot flashes. Text became blurred or disappeared, colours shifted towards intense reds and oranges, and page elements moved or became difficult to control. These effects were intended to interrupt normal browsing and give users a temporary sense of discomfort.

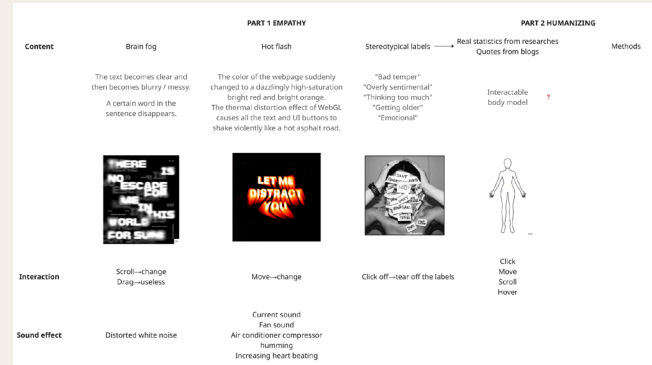


Figure 16. Initial concept: symptom simulation through visualisation and interaction
(Author's own, 2026).

At this stage, I assumed that making the interaction more intense could help users empathise with menopausal experiences. However, the research on empathic design discussed in Section 2.4 challenged this assumption. A short visual effect cannot reproduce what it means to live with physical and emotional changes over months or years. More importantly, I had not experienced menopause myself. The effects were therefore based largely on my interpretation of what a symptom might feel like. They risked replacing women's accounts with an experience imagined by the designer.

The second version moved closer to the source material. I developed an interactive diary in which users followed a working woman through an ordinary day. Situations and symptom interruptions were based on details found in the Reddit posts. For example, a hot flash could interrupt a meeting, while brain fog could make a familiar word temporarily unavailable. Users could make choices and move through different responses as the day continued. This helped place symptoms within everyday contexts rather than presenting them as abstract effects.



Figures 17-18. Second concept: experience simulation through interaction
(Author's own, 2026).

However, the diary still worked too much like an interactive game. Choices such as continuing or taking a break shifted attention towards navigating the interface rather than reading the accounts themselves. Although the scenes were informed by Reddit posts, the branching narrative also foregrounded a designer-created character over the source material.

This led to the final shift from interactive simulation towards narrative translation. The diary was retained because the research showed how often menopause appears within ordinary routines. But its role changed. Rather than asking users to make decisions for a fictional woman, the final version uses an ordinary working day as a simple narrative framework into which first-person accounts are inserted. The original voices become the main content, while interaction is used to draw attention to particular interruptions rather than recreate the sensations themselves.

One diary could still suggest that there is a single menopause experience. For this reason, Many Voices was added to place a wider range of accounts alongside one another. Reflection then shifts attention back to the reader and their own position. Together, these sections allowed the project to move from representing an imagined menopausal experience towards organising experiences that women had already described in their own words.

4.3 FROM SEPARATE SECTIONS TO A CONTINUOUS JOURNEY

Another important stage of the project involved changing its overall structure. In the early version, the content was mainly divided by function. Users clicked between separate sections for symptom experiences, information and feedback. After finishing one interaction, users simply moved to the next function. The experience felt more like browsing separate information modules than gradually understanding how menopause affects everyday life. It also separated symptoms, personal stories and user responses, making the project feel closer to a classified health information website.

As the project moved away from symptom education and towards lived experience, I began to reconsider the order in which users encountered the content. The separate pages were reorganised into one continuous scrolling narrative. Users could move naturally between the different stages by scrolling down the webpage. The main concern was no longer what function each page offered, but how the user's understanding developed over time.

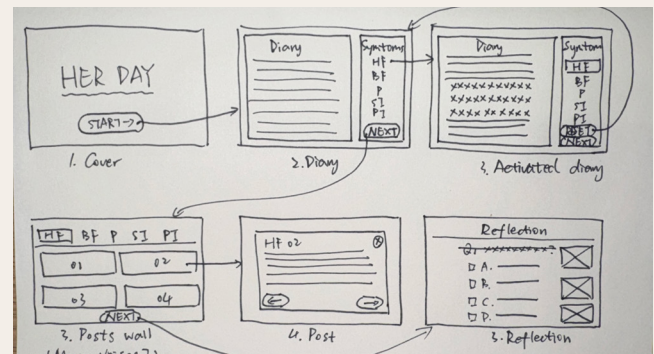


Figure 19. Low-fidelity prototype (Author's own, 2026) .

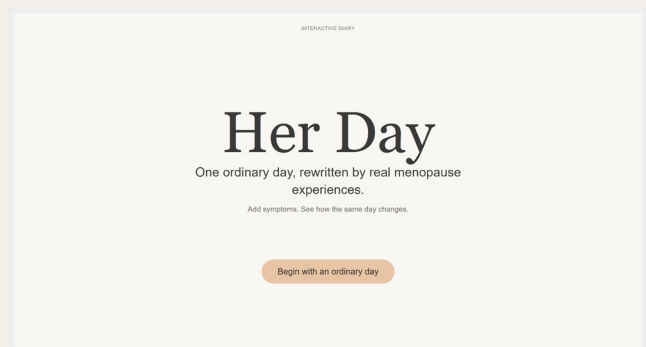


Figure 20. Cover prototype V1 (Author's own, 2026) .

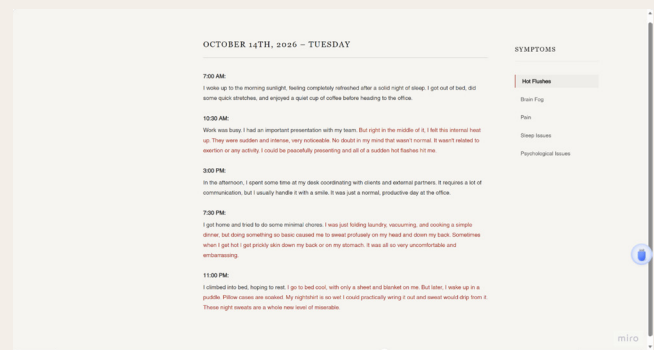


Figure 21. Diary prototype V1 (Author's own, 2026) .

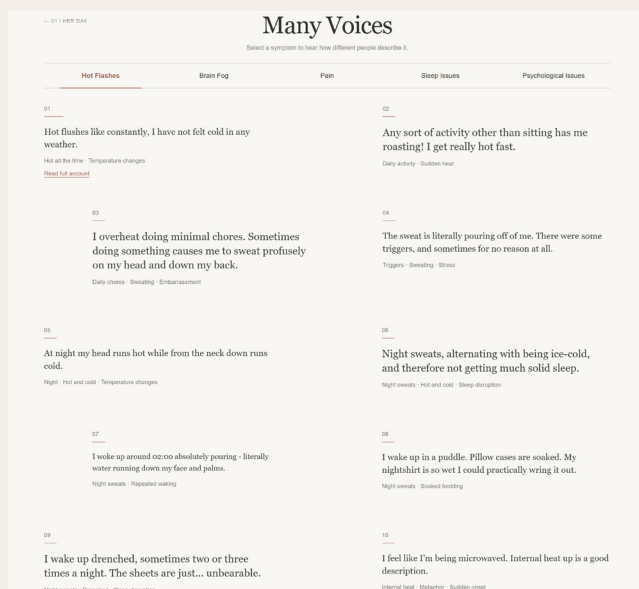


Figure 23. Many Voices prototype V1 (Author's own, 2026).

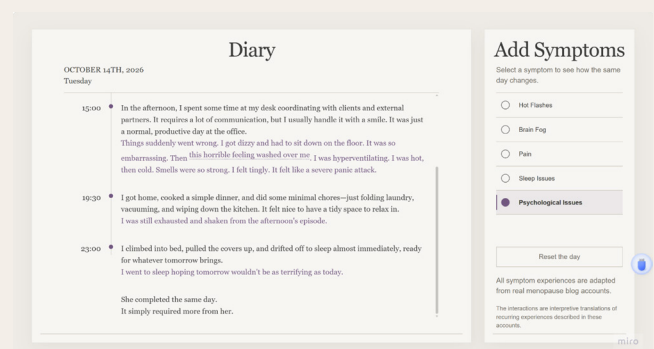


Figure 22. Diary prototype V2 (Author's own, 2026) .

— 02 / MANY VOICES

Your Reflection

Take a moment to reflect on what you have just experienced.

01
What stayed with you most?
Select all that apply.

- ☐ The unpredictability of symptoms
- ☐ The impact on work and communication
- ☐ The loss of trust in one's body or mind
- ☐ The way symptoms can reinforce one another
- ☐ The emotional impact and self-doubt
- ☐ Something else

02
How, if at all, has your understanding of menopause changed?

- ☐ It changed significantly
- ☐ It changed somewhat
- ☐ It confirmed what I already understood
- ☐ It did not change
- ☐ I am not sure yet

03
What is one thing you would now want others to understand?

Write one thought, observation or question...

0 / 300

Your response is optional and anonymous. Please do not include names or other identifying information. This prototype does not store responses.

[Submit reflection](#)
[Skip reflection](#)

The changes to the Reflection section also show this shift. In the early version, the questionnaire mainly asked users to evaluate the project. However, this approach easily turned the experience into data that needed to be collected. It also suggested that users were expected to provide a clear and immediate response. People without experience of menopause might be placed in the position of outside observers. At the same time, users who were experiencing menopause and using the website to recognise their own feelings might be overlooked.

Figure 24. Reflection prototype V1 (Author's own, 2026).

The later version no longer focused on collecting answers. Instead, it offered different reading positions and open questions. This allowed users with different backgrounds and experiences to respond in their own way. It also helped me understand that reflection does not always need to produce immediate feedback or measurable results. Feeling uncertain for a while can also be part of the process of understanding.

The move from separate functions to a continuous narrative changed how the project communicated symptoms, authenticity and empathy. These ideas were no longer explained through individual interactions alone. Instead, their relationships developed gradually through the order in which the content appeared. This process also changed how I understood website structure. Structure is not simply a container for content. It can shape what users see first, how they connect different voices and what questions remain with them after the experience.

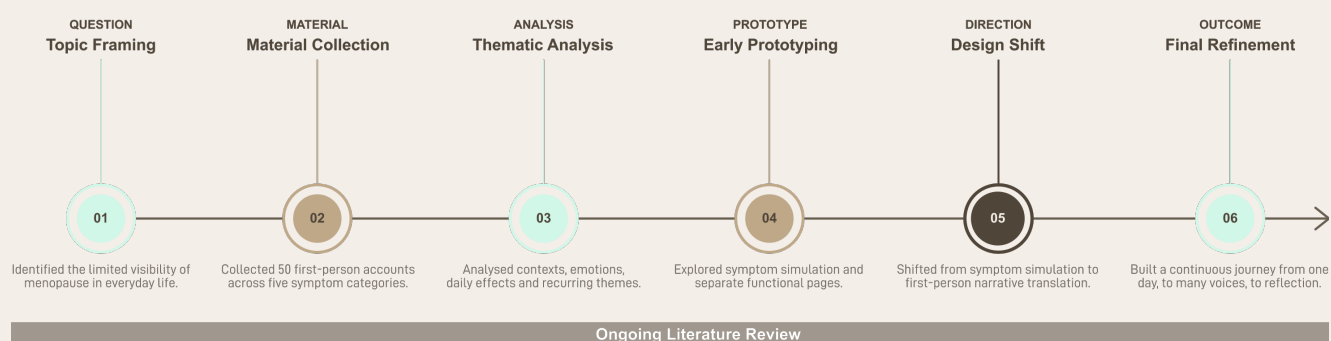


Figure 25. Project development timeline (Author's own, 2026).

05,

FINAL DESIGN

5.1 OVERALL STRUCTURE

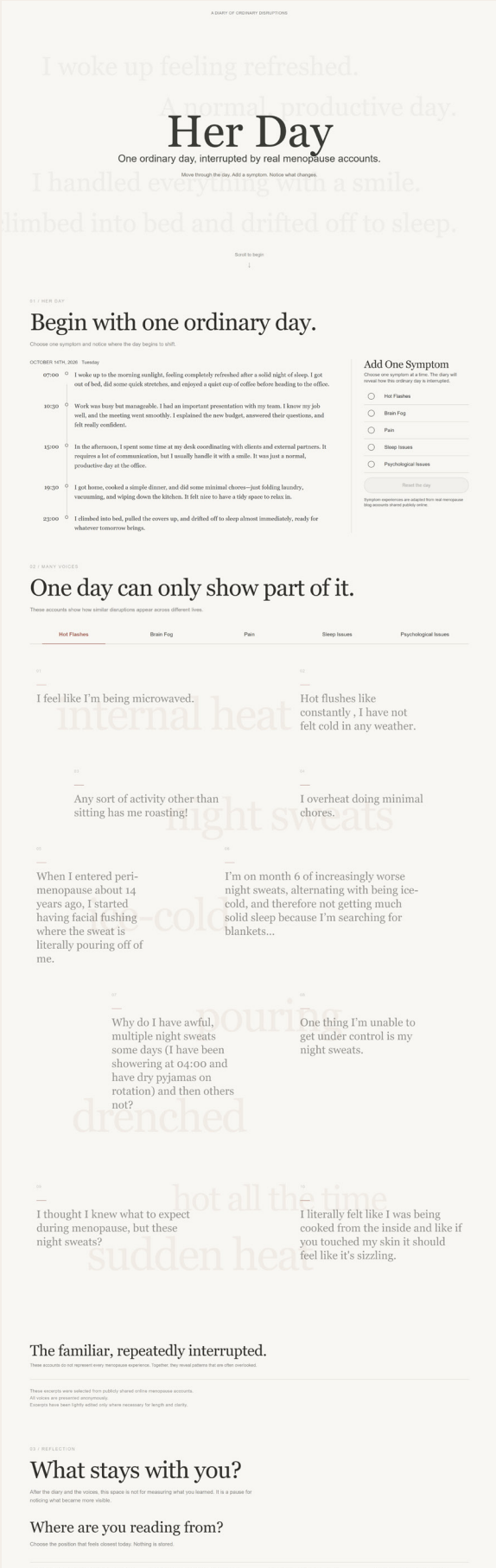


Figure 26. Final website overview (Author's own, 2026).

Based on the theoretical research, material analysis and design development described above, the final outcome of this project is an interactive website titled *Her Day*. It follows a four-stage continuous journey: Cover, An Ordinary Day, Many Voices, and What Stays With You. The three main content sections are preceded by a short introductory cover. After the introductory cover, users enter the An Ordinary Day, where they see how menopausal symptoms can interrupt an ordinary working day. They then move to Many Voices and read a wider range of first-person accounts. This section shows that these experiences are shared by many women, while also differing from person to person. Finally, users reach What Stays With You, which encourages them to think about their own relationship with the topic, the experiences of people around them and what they previously understood about menopause. The three sections together form a narrative path that starts from specific daily life, expands to multiple voices, and then returns attention to the reader's own position.

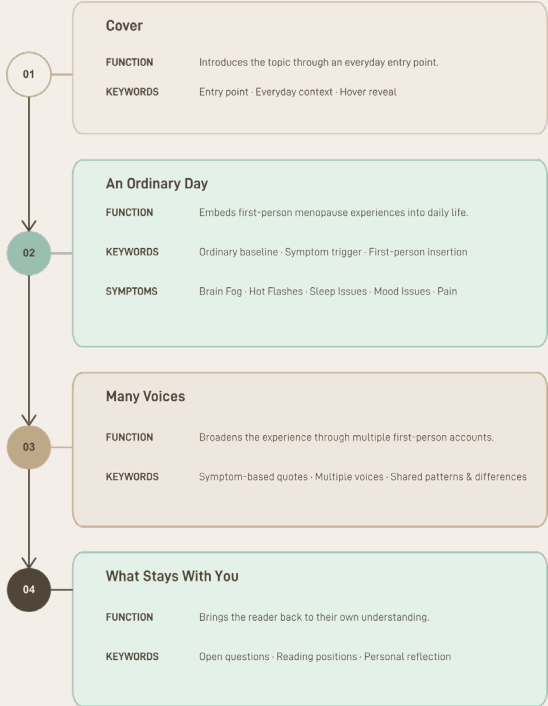


Figure 27. Final website structure (Author's own, 2026).

5.2 COVER: ENTERING AN ORDINARY DAY



Figure 28. Cover: initial state
(Author's own, 2026).



Figure 29. Cover: first hover reveal
(Author's own, 2026).



Figure 30. Cover: second hover reveal
(Author's own, 2026).



Figure 31. Cover: third hover reveal
(Author's own, 2026).

The beginning of the website is a minimalist cover. In the centre of the section, the title *Her Day* is displayed, accompanied by a brief description: One ordinary day, interrupted by real menopause accounts.

At first, the cover shows a quiet title and a series of ordinary diary-like sentences.

When users hover over the text, hidden first-person accounts of menopause begin to appear. This interaction introduces the main idea of the project. Menopausal experiences are not always visible. They may exist beneath an apparently calm and ordinary daily life, which makes them easy to overlook. The cover therefore works as more than an entry point to the website. Before users reach the main content, it introduces the contrast between what appears normal on the surface and the experiences that remain hidden underneath.

5.3 AN ORDINARY DAY: SHOWING DISRUPTION WITHIN ONE DAY

This section is built around an ordinary day in the life of a working woman. By default, the diary presents a smooth daily routine. It begins with waking up in the morning, followed by attending meetings, replying to messages, returning home, doing household chores and finally going to sleep. This content appears in black text and forms the basic daily timeline of the section.

On the right side of the section, there is an Add One Symptom panel. Users can choose from five menopausal symptoms: Hot Flashes, Brain Fog, Pain, Sleep Issues and Psychological Issues.

01 / HER DAY

Begin with one ordinary day.

Choose one symptom and notice where the day begins to shift.

OCTOBER 14TH, 2026 Tuesday

07:00

I woke up to the morning sunlight, feeling completely refreshed after a solid night of sleep. I got out of bed, did some quick stretches, and enjoyed a quiet cup of coffee before heading to the office.

10:30

Work was busy but manageable. I had an important presentation with my team. I know my job well, and the meeting went smoothly. I explained the new budget, answered their questions, and felt really confident.

15:00

In the afternoon, I spent some time at my desk coordinating with clients and external partners. It requires a lot of communication, but I usually handle it with a smile. It was just a normal, productive day at the office.

19:30

I got home, cooked a simple dinner, and did some minimal chores—just folding laundry, vacuuming, and wiping down the kitchen. It felt nice to have a tidy space to relax in.

23:00

I climbed into bed, pulled the covers up, and drifted off to sleep almost immediately, ready for whatever tomorrow brings.

Add One Symptom

Choose one symptom at a time. The diary will reveal how this ordinary day is interrupted.

☐ Hot Flashes

☐ Brain Fog

☐ Pain

☐ Sleep Issues

☐ Psychological Issues

Reset the day

Symptom experiences are adapted from real menopause blog accounts shared publicly online.

Figure 32. An Ordinary Day: initial state (Author's own, 2026).

When a symptom is selected, the original black diary text remains unchanged. Coloured text is then inserted into the existing timeline to show how the symptom affects the day. To avoid giving users too much information during the first reading, the diary only presents one symptom at a time. This allows users to compare how the same daily routine changes when different symptoms are added.

This design shows that menopausal symptoms do not completely replace ordinary life. Instead, they are added to routines and responsibilities that already exist. As a result, the same working day may require more physical, emotional and cognitive effort.

This section is not presented as a complete record of one real woman's day. It is a composite narrative created by the designer. The black diary text provides a fictional baseline of an ordinary working day, while the coloured inserted passages are based on first-person accounts shared by different women. The section therefore does not use one character to represent all menopausal experiences. Instead, the composite structure shows how different symptoms may enter familiar everyday situations.

01 / HER DAY

Begin with one ordinary day.

Choose one symptom and notice where the day begins to shift.

OCTOBER 14TH, 2026 Tuesday

07:00

I woke up to the morning sunlight, feeling completely refreshed after a solid night of sleep. I got out of bed, did some quick stretches, and enjoyed a quiet cup of coffee before heading to the office.

10:30

Work was busy but manageable. I had an important presentation with my team. I know my job well, and the meeting went smoothly. I explained the new budget, answered their questions, and felt really confident.

Right in the middle of the presentation, I felt this internal heat rise. It was sudden and intense, very noticeable. It wasn't related to exertion or any activity. I could be peacefully presenting and all of a sudden a hot flash would hit me.

15:00

In the afternoon, I spent some time at my desk coordinating with clients and external partners. It requires a lot of communication, but I usually handle it with a smile. It was just a normal, productive day at the office.

19:30

I got home, cooked a simple dinner, and did some minimal chores—just folding laundry, vacuuming, and wiping down the kitchen. It felt nice to have a tidy space to relax in.

Trying to do something so basic caused me to sweat profusely on my head and down my back. Sometimes the heat left a prickling sensation across my back or stomach. It was uncomfortable and embarrassing.

23:00

I climbed into bed, pulled the covers up, and drifted off to sleep almost immediately, ready for whatever tomorrow brings.

Later, I woke up in a puddle. The pillowcases were soaked. My nightshirt was so wet I could practically wring it out. These night sweats were a whole new level of miserable.

She completed the same day.

It simply required more from her.

Add One Symptom

Choose one symptom at a time. The diary will reveal how this ordinary day is interrupted.

Hot Flashes

Brain Fog

Pain

Sleep Issues

Psychological Issues

Reset the day

Symptom experiences are adapted from real menopause blog accounts shared publicly online.

Figure 33. An Ordinary Day: Hot Flashes mode (Author's own, 2026).

32

Begin with one ordinary day.

Choose one symptom and notice where the day begins to shift.

OCTOBER 14TH, 2026 Tuesday

- 07:00 ○ I woke up to the morning sunlight, feeling completely refreshed after a solid night of sleep. I got out of bed, did some quick stretches, and enjoyed a quiet cup of coffee before heading to the office.
- 10:30 ● Work was busy but manageable. I had an important presentation with my team. I know my job well, and the meeting went smoothly. I explained the new budget, answered their questions, and felt really confident.
I've been in my field for almost 20 years. I know my job, and I'm good at my job. But while I was presenting to people I've worked with for years, I suddenly could not find the word "budget." I knew what I meant. I could see the spreadsheet in my head. I just stood there and said "the... money... plan" and then laughed it off like I was joking. I was not joking. I wanted to crawl under the table.
- 15:00 ○ In the afternoon, I spent some time at my desk coordinating with clients and external partners. It requires a lot of communication, but I usually handle it with a smile. It was just a normal, productive day at the office.
- 19:30 ○ I got home, cooked a simple dinner, and did some minimal chores—just folding laundry, vacuuming, and wiping down the kitchen. It felt nice to have a tidy space to relax in.
- 23:00 ○ I climbed into bed, pulled the covers up, and drifted off to sleep almost immediately, ready for whatever tomorrow brings.
- She completed the same day.
It simply required more from her.

Add One Symptom

Choose one symptom at a time. The diary will reveal how this ordinary day is interrupted.

☐ Hot Flashes

☒ Brain Fog

☐ Pain

☐ Sleep Issues

☐ Psychological Issues

Reset the day

Symptom experiences are adapted from real menopause blog accounts shared publicly online.

Figure 34. An Ordinary Day: Brain Fog mode (Author's own, 2026).

Begin with one ordinary day.

Choose one symptom and notice where the day begins to shift.

OCTOBER 14TH, 2026 Tuesday

- 07:00 ● I woke up to the morning sunlight, feeling completely refreshed after a solid night of sleep. I got out of bed, did some quick stretches, and enjoyed a quiet cup of coffee before heading to the office. Getting out of bed was an absolute struggle. All of a sudden, every joint in my body hurt, especially my knees. I could barely walk or move from sitting to standing. My ankles and wrists felt like they were on fire, and everything popped and crackled when I moved.
- 10:30 ● Work was busy but manageable. I had an important presentation with my team. I know my job well, and the meeting went smoothly. I explained the new budget, answered their questions, and felt really confident.
Sitting in a chair hurt, and walking hurt. When I got up after the meeting, I hobbled around for about five minutes because of the intense aches in my knee.
- 15:00 ● In the afternoon, I spent some time at my desk coordinating with clients and external partners. It requires a lot of communication, but I usually handle it with a smile. It was just a normal, productive day at the office.
Random aches and pain fluctuated throughout the day. Sitting at my desk, my hips down to my feet felt achy and tingly. It was so bad.
- 19:30 ● I got home, cooked a simple dinner, and did some minimal chores—just folding laundry, vacuuming, and wiping down the kitchen. It felt nice to have a tidy space to relax in.
I couldn't even manage the minimal chores. Even lying on the couch hurt.
- 23:00 ● I climbed into bed, pulled the covers up, and drifted off to sleep almost immediately, ready for whatever tomorrow brings.
I tried to find a comfortable position, but even lying in bed hurt. I felt very old and fragile all of a sudden.
- She completed the same day.
It simply required more from her.

Add One Symptom

Choose one symptom at a time. The diary will reveal how this ordinary day is interrupted.

☐ Hot Flashes

☐ Brain Fog

☒ Pain

☐ Sleep Issues

☐ Psychological Issues

Reset the day

Symptom experiences are adapted from real menopause blog accounts shared publicly online.

Figure 35. An Ordinary Day: Pain mode (Author's own, 2026).

Begin with one ordinary day.

Choose one symptom and notice where the day begins to shift.

OCTOBER 14TH, 2026 Tuesday

- 07:00 ○ I woke up to the morning sunlight, feeling completely refreshed after a solid night of sleep. I got out of bed, did some quick stretches, and enjoyed a quiet cup of coffee before heading to the office.
- 10:30 ○ Work was busy but manageable. I had an important presentation with my team. I know my job well, and the meeting went smoothly. I explained the new budget, answered their questions, and felt really confident.
- 15:00 ○ In the afternoon, I spent some time at my desk coordinating with clients and external partners. It requires a lot of communication, but I usually handle it with a smile. It was just a normal, productive day at the office.
- 19:30 ○ I got home, cooked a simple dinner, and did some minimal chores—just folding laundry, vacuuming, and wiping down the kitchen. It felt nice to have a tidy space to relax in.
- 23:00 ● I climbed into bed, pulled the covers up, and drifted off to sleep almost immediately, ready for whatever tomorrow brings.
- I hoped for a good rest, but last night was one of those nights again. I fell asleep around 23:00, but woke up at 01:47 for absolutely no reason. Then 03:12. Then 04:05. My brain decided it was time to think about random life problems from 1998. I wasn't anxious, just awake, like my brain had completely forgotten what nighttime meant.
- She completed the same day.
It simply required more from her.

Add One Symptom

Choose one symptom at a time. The diary will reveal how this ordinary day is interrupted.

☐ Hot Flashes

☐ Brain Fog

☐ Pain

☒ Sleep Issues

☐ Psychological Issues

Reset the day

Symptom experiences are adapted from real menopause blog accounts shared publicly online.

Figure 36. An Ordinary Day: Sleep Issues mode (Author's own, 2026).

Begin with one ordinary day.

Choose one symptom and notice where the day begins to shift.

OCTOBER 14TH, 2026 Tuesday

- 07:00 ○ I woke up to the morning sunlight, feeling completely refreshed after a solid night of sleep. I got out of bed, did some quick stretches, and enjoyed a quiet cup of coffee before heading to the office.
- 10:30 ○ Work was busy but manageable. I had an important presentation with my team. I know my job well, and the meeting went smoothly. I explained the new budget, answered their questions, and felt really confident.
- 15:00 ● In the afternoon, I spent some time at my desk coordinating with clients and external partners. It requires a lot of communication, but I usually handle it with a smile. It was just a normal, productive day at the office.
- Things suddenly went wrong. I got dizzy and had to sit down on the floor. It was so embarrassing. Then this horrible feeling washed over me. I was hyperventilating. I was hot, then cold. Smells were so strong. I felt tingly. It felt like a severe panic attack.
- 19:30 ● I got home, cooked a simple dinner, and did some minimal chores—just folding laundry, vacuuming, and wiping down the kitchen. It felt nice to have a tidy space to relax in.
- I was still exhausted and shaken from the afternoon's episode.
- 23:00 ● I climbed into bed, pulled the covers up, and drifted off to sleep almost immediately, ready for whatever tomorrow brings.
- I went to sleep hoping tomorrow wouldn't be as terrifying as today.
- She completed the same day.
It simply required more from her.

Add One Symptom

Choose one symptom at a time. The diary will reveal how this ordinary day is interrupted.

☐ Hot Flashes

☐ Brain Fog

☐ Pain

☐ Sleep Issues

☒ Psychological Issues

Reset the day

Symptom experiences are adapted from real menopause blog accounts shared publicly online.

Figure 37. An Ordinary Day: Psychological Issues mode (Author's own, 2026).

The section also includes several micro-interactions triggered by hovering.

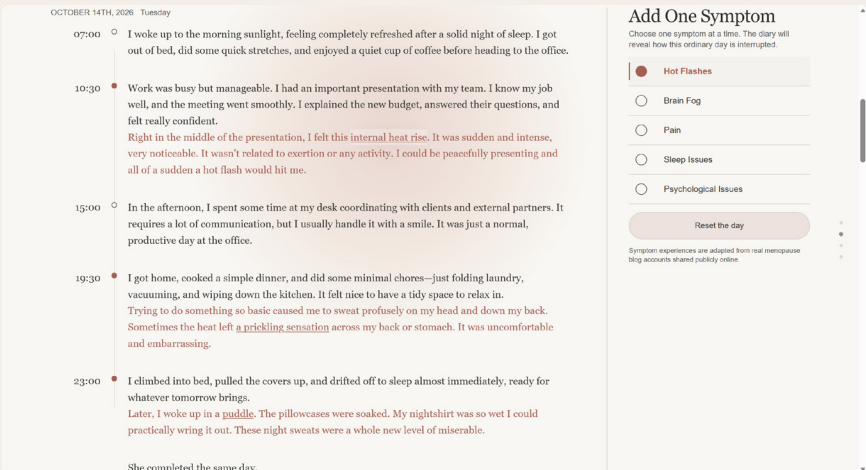


Figure 38. Hot Flashes interaction in context (Author's own, 2026).

In the Hot Flashes mode, users can hover over interactive phrases such as internal heat rise. A warm colour then spreads across the section, drawing attention to the account's description of internal heat.

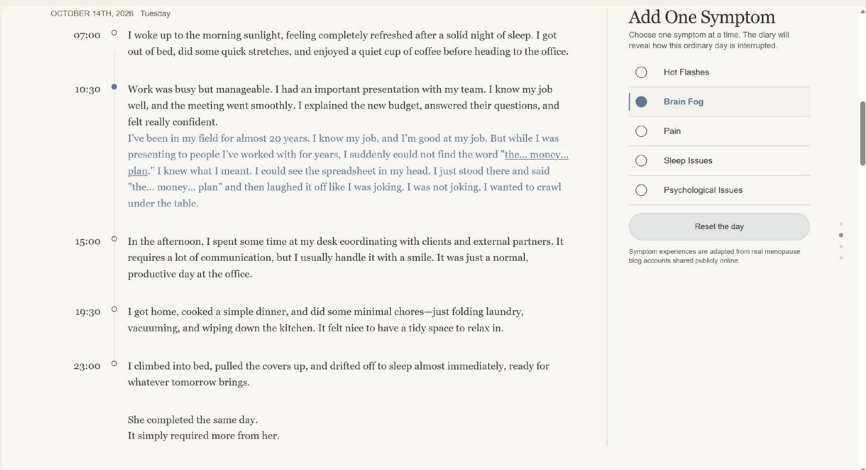


Figure 39. Brain Fog interaction in context (Author's own, 2026).

In the Brain Fog mode, hovering over the word budget causes the familiar word to disappear briefly. It is replaced by the phrase the money plan, marking the narrative moment in which a familiar word becomes temporarily inaccessible.

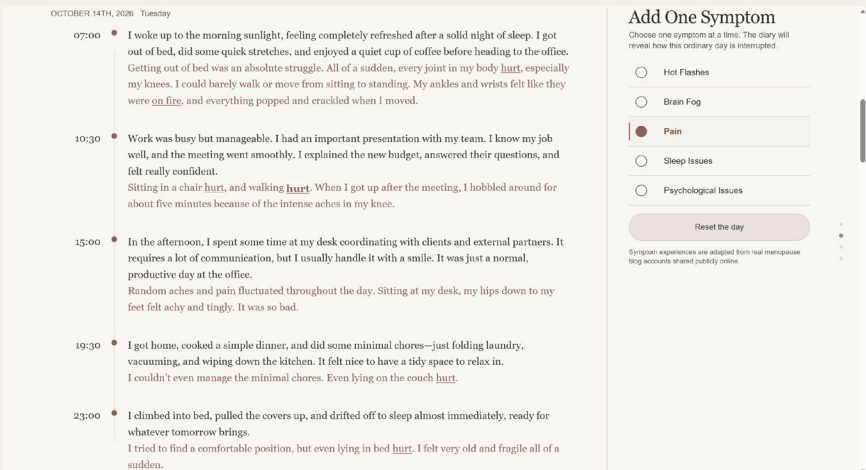


Figure 40. Pain interaction in context (Author's own, 2026).

In the Pain mode, the interruption described in the account is marked through a brief typographic emphasis, drawing attention to how pain can enter ordinary movements.

In the Sleep Issues mode, the night is no longer the natural end of the day. When the user hovers over sleep-related time points, the section expands a sequence of night-time wake-up times, such as 01:47, 03:12, or 04:05. This extension makes repeated night-time waking visible in the timeline.

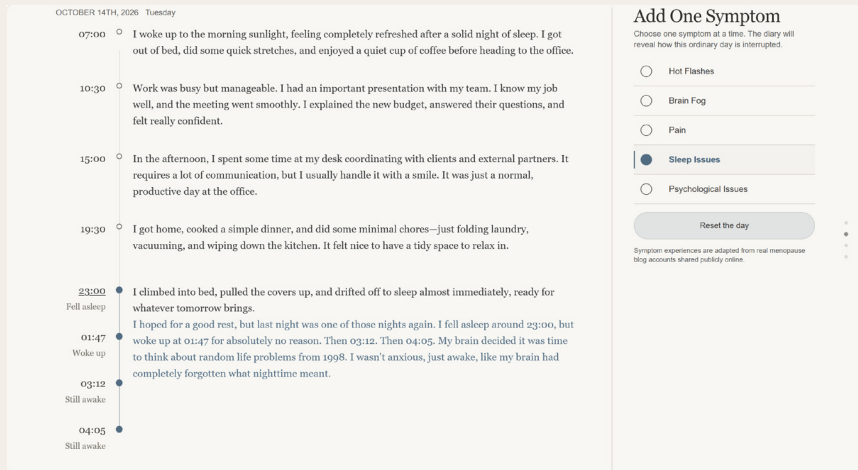


Figure 41. Sleep Issues interaction in context (Author's own, 2026).

In the Psychological Issues section, when the user hovers over the sentence Things suddenly went wrong, multiple small entries slowly appear, such as Dizzy, Too hot, Suddenly cold, Smells too strong, Tingling. These phrases are drawn from accounts in which anxiety, panic, and emotional distress were accompanied by sensory overload, showing that mental distress may also be experienced through intense bodily and perceptual reactions.

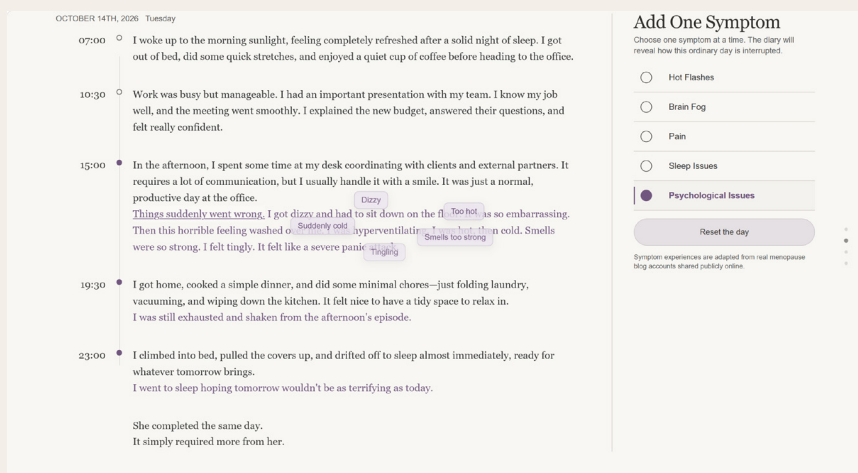


Figure 42. Psychological Issues interaction in context (Author's own, 2026).

These micro-interactions do not replicate the actual physical sensations of menopause, but transform certain changes in the first-person narrative into noticeable reading cues. Text substitution, time extension and visual emphasis interrupt the otherwise smooth reading rhythm, drawing attention to the way symptoms enter ordinary routines.

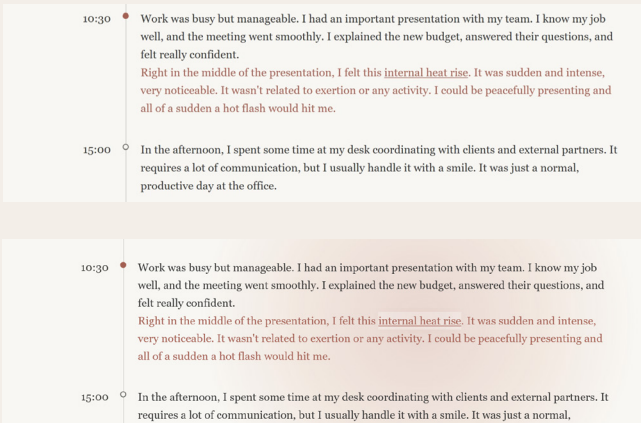


Figure 43. Hot Flashes interaction: before and after hover (Author's own, 2026).



Figure 44. Brain Fog interaction: before and after hover (Author's own, 2026).

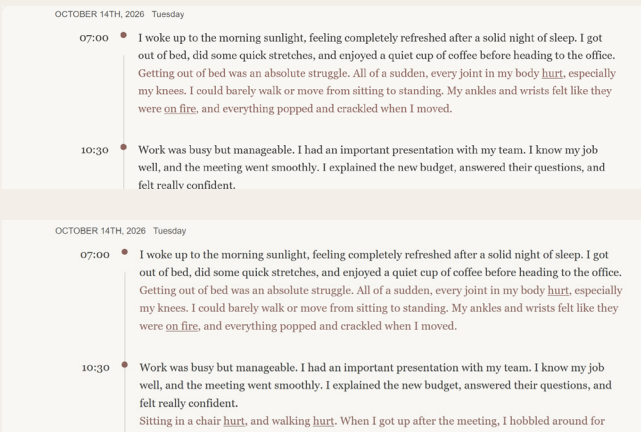


Figure 45. Pain interaction: before and after hover (Author's own, 2026).

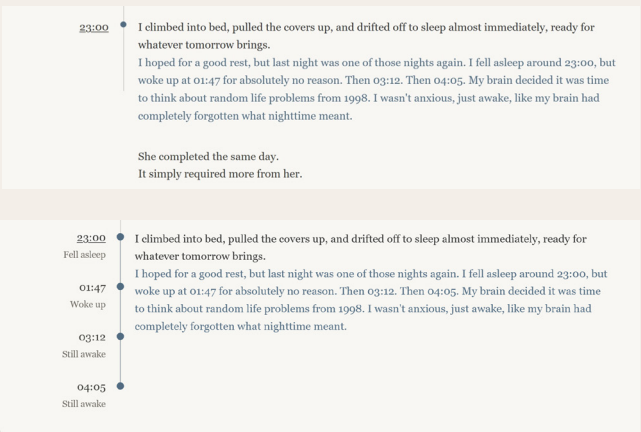


Figure 46. Sleep Issues interaction: before and after hover (Author's own, 2026).

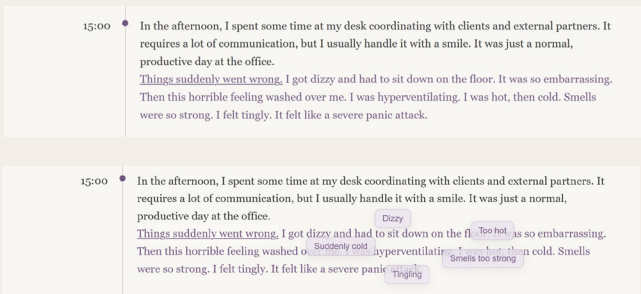


Figure 47. Psychological Issues interaction: before and after hover (Author's own, 2026).

5.4 MANY VOICES: FROM ONE DIARY TO MANY REAL ACCOUNTS

Many Voices develops the interactive diary further by moving beyond the experience of a single day. It introduces a wider range of women’s voices and shows how similar symptoms appear in different lives.

The section presents a collection of first-person extracts organised into five symptom categories. Each category includes personal posts taken from Reddit.

Visually, the section is designed like a wall of archived text. Each quotation appears in a large serif font. Keywords taken from the accounts, such as internal heat, night sweats, drenched and sudden heat, appear in the background. These words create an additional visual layer and also point to themes that repeat across different accounts.



Figure 48. Many Voices: Hot Flashes mode (Author's own, 2026).



Figure 49. Many Voices: Brain Fog mode
(Author's own, 2026).



Figure 50. Many Voices: Pain mode
(Author's own, 2026).



Figure 51. Many Voices: Sleep Issues mode
(Author's own, 2026).



Figure 52. Many Voices: Psychological Issues mode
(Author's own, 2026).

Users can move between symptom categories by selecting the horizontal labels. When they hover over a quotation, the text becomes darker and slightly more prominent. This helps users focus on one account within the larger field of text.

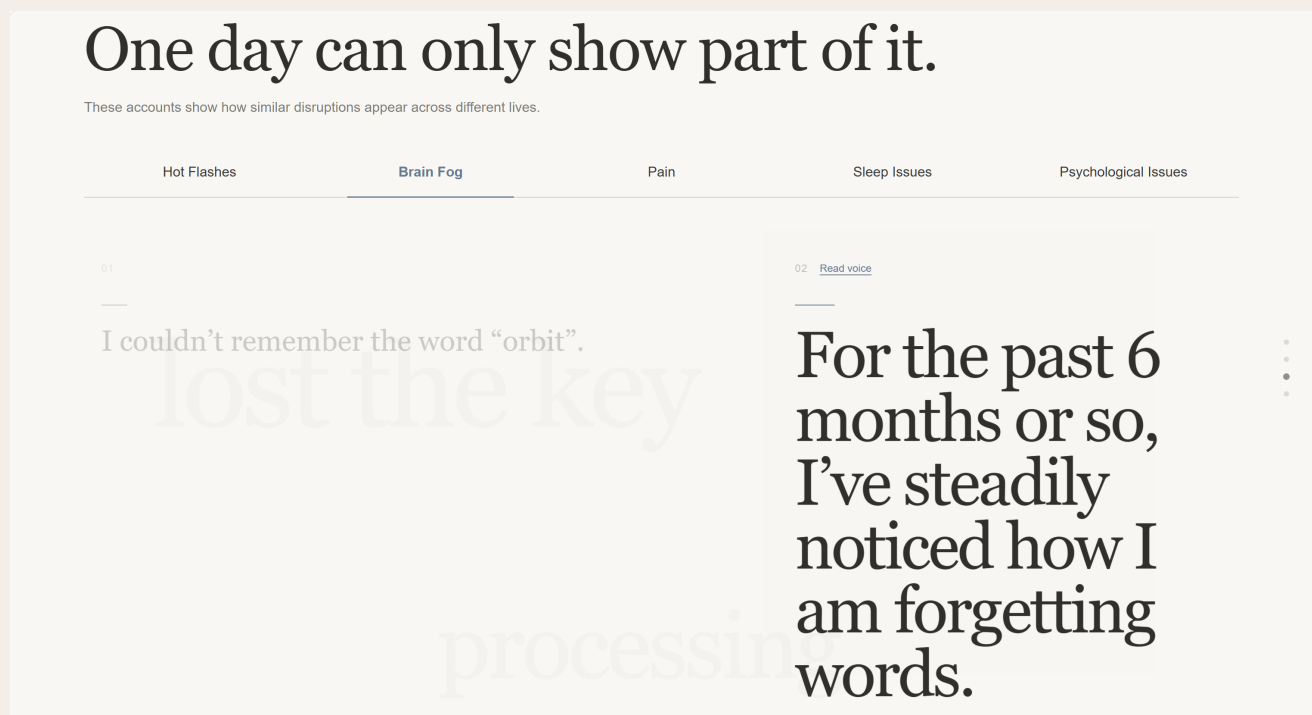


Figure 53. Quotation hover state in Many Voices (Author's own, 2026).

Users can also click Read voice to open a card containing the full account and its source information. The card includes the symptom category, source platform, username or anonymous label, original link and access date. For example, a Reddit post may be labelled Source: Reddit / r/Menopause, followed by the contributor's name, a link to the original post and the date it was last accessed for this project.

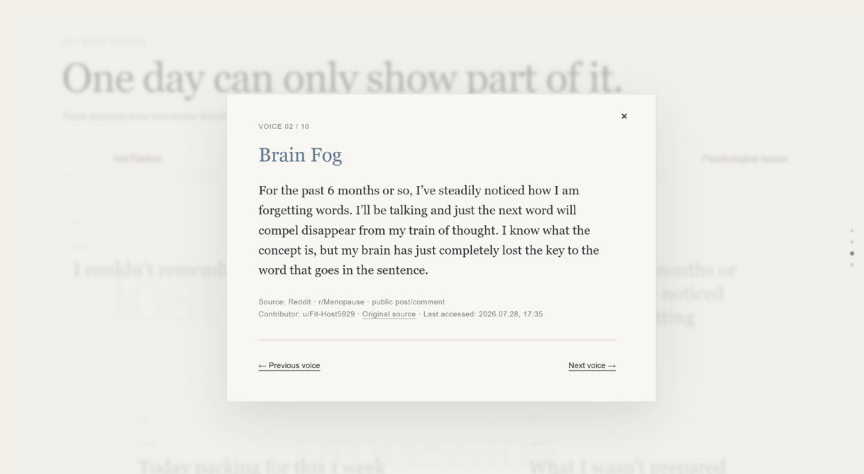


Figure 54. Expanded post and source card (Author's own, 2026).

Together, these accounts expand the reader's view from one possible daily experience to a wider range of related experiences. They show recurring patterns across women's accounts while keeping individual differences visible.

5.5 WHAT STAYS WITH YOU: INVITING USERS TO LOCATE THEMSELVES

The third part is a reflection space. It does not require users to fill in answers or save any content. Instead, it asks readers to consider the position from which they are approaching these experiences.

The section first poses the question: Where are you reading from? Users can choose four reading perspectives: whether the accounts feel close to their own experience, remind them of someone they know, are entirely new, or leave them unsure where they stand. This design avoids directly asking about the user's identity and invites different users to enter the menopause topic in different ways.

03 / REFLECTION

What stays with you?

After the diary and the voices, this space is not for measuring what you learned. It is a pause for noticing what became more visible.

Where are you reading from?

Choose the position that feels closest today. Nothing is stored.

01 This feels close to my own experience. 02 I recognise this in someone I know. 03 This is mostly new to me. 04 I am not sure where I stand.

Figure 55. What Stays With You: Initial state (Author's own, 2026).

After the user selects a perspective, three reflection prompt cards appear. Different choices correspond to different questions: users with similar experiences will be guided to think about which phrases resonate with their own experience; users who think of people around them will be guided to think about how to listen; users who are the first to encounter this topic are invited to reflect on their original cognition; users who are unsure of their position can continue to stay with questions.

Where are you reading from?

Choose the position that feels closest today. Nothing is stored.

01 **This feels close to my own experience.** 02 I recognise this in someone I know. 03 This is mostly new to me. 04 I am not sure where I stand.

Take a moment before moving on.
Return to one detail, one sentence, or one feeling that stayed with you.
Then read the prompts below from where you are standing now.

REFLECTION PROMPT 01

Which part felt most recognisable?

REFLECTION PROMPT 02

Was there anything you wished had been said differently?

REFLECTION PROMPT 03

What would make this experience easier to talk about?

You do not need to leave an answer here.
Carrying the question with you is part of the reflection.

Figure 56. Reflection state: This feels close to my own experience (Author's own, 2026).

Where are you reading from?

Choose the position that feels closest today. Nothing is stored.

01 This feels close to my own experience. 02 **I recognise this in someone I know.** 03 This is mostly new to me. 04 I am not sure where I stand.

Take a moment before moving on.
Return to one detail, one sentence, or one feeling that stayed with you.
Then read the prompts below from where you are standing now.

REFLECTION PROMPT 01

What might you
listen for differently
next time?

REFLECTION PROMPT 02

What might have
been easy to dismiss
before?

REFLECTION PROMPT 03

How could care
begin with believing
someone's
description of their
own body?

Figure 57. Reflection state: I recognise this in someone I know (Author's own, 2026).

Where are you reading from?

Choose the position that feels closest today. Nothing is stored.

01 This feels close to my own experience. 02 I recognise this in someone I know. 03 **This is mostly new to me.** 04 I am not sure where I stand.

Take a moment before moving on.
Return to one detail, one sentence, or one feeling that stayed with you.
Then read the prompts below from where you are standing now.

REFLECTION PROMPT 01

What did you not
expect menopause
to affect?

REFLECTION PROMPT 02

Which moment in
the diary changed
how you understood
an ordinary day?

REFLECTION PROMPT 03

What would you be
more careful not to
dismiss?

Figure 58. Reflection state: This is mostly new to me (Author's own, 2026).

Where are you reading from?

Choose the position that feels closest today. Nothing is stored.

01 This feels close to my own experience. 02 I recognise this in someone I know. 03 This is mostly new to me. 04 **I am not sure where I stand.**

Take a moment before moving on.
Return to one detail, one sentence, or one feeling that stayed with you.
Then read the prompts below from where you are standing now.

REFLECTION PROMPT 01

Which sentence
stayed with you the
longest?

REFLECTION PROMPT 02

What felt difficult to
understand?

REFLECTION PROMPT 03

What question are
you leaving with?

Figure 59. Reflection state: I am not sure where I stand (Author's own, 2026).

What Stays With You concludes by reminding users: You do not need to leave an answer here. Carrying the question with you is part of the reflection. Therefore, the function of What Stays With You is not to ask users to draw conclusions, but to transform the preceding reading experience into an open question that users can continue to reflect on. It encourages users to return from observing others' experiences to becoming aware of their own position as readers, and also provides a softer and more inclusive conclusion for the entire webpage.

Demo video available at: <https://youtu.be/Uiolv-KRvwl>



STEP	SECTION	USER ACTION	EXPERIENCE	DESIGN INTENTION
01	Cover	Enters and hovers.	Ordinary statements reveal menopause-related experiences.	Introduce the topic.
02	An Ordinary Day	Scrolls and hovers across symptom triggers.	First-person posts interrupt a familiar working day.	Embed menopause experiences in recognisable everyday contexts without oversimulating.
03	Many Voices	Continues scrolling and explores accounts.	Multiple first-person accounts are grouped by symptom.	Expand from one possible daily experience to a wider set of related accounts, showing recurring patterns and individual differences.
04	What Stays With You	Chose their positions and reads open questions.	No response is required or collected; uncertainty remains possible.	Invite readers to reflect on their own.

Figure 60. User journey through *Her Day* (Author's own, 2026).

FINAL WEBSITE

I woke up feeling refreshed.
A normal, productive day.
Her Day
One ordinary day, interrupted by real menopause accounts.
I handled everything with a smile.
I climbed into bed and drifted off to sleep.

Scroll to begin
↓

01 / HER DAY

Begin with one ordinary day.

Choose one symptom and notice where the day begins to shift.

OCTOBER 14TH, 2026 Tuesday

- 07:00

I woke up to the morning sunlight, feeling completely refreshed after a solid night of sleep. I got out of bed, did some quick stretches, and enjoyed a quiet cup of coffee before heading to the office.
- 10:30

Work was busy but manageable. I had an important presentation with my team. I know my job well, and the meeting went smoothly. I explained the new budget, answered their questions, and felt really confident.
- 15:00

In the afternoon, I spent some time at my desk coordinating with clients and external partners. It requires a lot of communication, but I usually handle it with a smile. It was just a normal, productive day at the office.
- 19:30

I got home, cooked a simple dinner, and did some minimal chores—just folding laundry, vacuuming, and wiping down the kitchen. It felt nice to have a tidy space to relax in.
- 23:00

I climbed into bed, pulled the covers up, and drifted off to sleep almost immediately, ready for whatever tomorrow brings.

Add One Symptom

Choose one symptom at a time. The diary will reveal how this ordinary day is interrupted.

- ☐

Hot Flashes
- ☐

Brain Fog
- ☐

Pain
- ☐

Sleep Issues
- ☐

Psychological Issues

Reset the day

Symptom experiences are adapted from real menopause blog accounts shared publicly online.

02 / MANY VOICES

One day can only show part of it.

These accounts show how similar disruptions appear across different lives.

01

I feel like I'm being microwaved.

02

Hot flushes like constantly, I have not felt cold in any weather.

03

Any sort of activity other than sitting has me roasting!

04

I overheat doing minimal chores.

05

When I entered perimenopause about 14 years ago, I started having facial flushing where the sweat is literally pouring off of me.

06

I'm on month 6 of increasingly worse night sweats, alternating with being ice-cold, and therefore not getting much solid sleep because I'm searching for blankets...

07

Why do I have awful, multiple night sweats some days (I have been showering at 04:00 and have dry pyjamas on rotation) and then others not?

08

One thing I'm unable to get under control is my night sweats.

09

I thought I knew what to expect during menopause, but these night sweats?

10

I literally felt like I was being cooked from the inside and like if you touched my skin it should feel like it's sizzling.

The familiar, repeatedly interrupted.

These accounts do not represent every menopause experience. Together, they reveal patterns that are often overlooked.

These excerpts were selected from publicly shared online menopause accounts.
All voices are presented anonymously.
Excerpts have been lightly edited only where necessary for length and clarity.

03 / REFLECTION

What stays with you?

After the diary and the voices, this space is not for measuring what you learned. It is a pause for noticing what became more visible.

Where are you reading from?

Choose the position that feels closest today. Nothing is stored.

01 This feels close to my own experience.

02 I recognise this in someone I know.

03 This is mostly new to me.

04 I am not sure where I stand.

06,

**CRITICAL
REFLECTION**

6.1 DESIGN POSITION AND ETHICS

As a young designer who has not personally experienced menopause, I cannot fully understand the long-term physical changes, emotional pressure, changes in identity and social difficulties that women may face. *Her Day* therefore does not suggest that a short interaction can provide a complete understanding of menopause. Instead, it recognises the limits of what one person can know about another person's embodied experience. Interaction is used to shape attention to first-person accounts rather than to recreate the sensations they describe.

This position also changes the role of the designer. The aim is not to speak for women or reproduce their experiences on their behalf, but to organise and present what they have already expressed in a way that encourages closer reading. The value of empathic design in this context does not come from allowing users to temporarily imagine that they have become someone else. Instead, it can create conditions for readers to approach other people's experiences while remaining aware of the limits of their own understanding.

However, using first-person accounts does not make the design process neutral. Decisions are still made about which posts are selected, which extracts are included, how they are edited and where they appear. These choices influence which aspects of menopause become more visible and how readers interpret them. Narrative translation therefore involves a form of intervention. Throughout the project, I tried to retain the original wording, tone and everyday context of the source material, while avoiding unnecessary rewriting or the exaggeration of dramatic details. Bringing multiple accounts together also helps prevent one individual story from being presented as representative of all women.

The use of publicly available Reddit posts raises a further ethical issue. Public availability does not necessarily imply consent for a post to be excerpted and repositioned in another design context. I did not obtain explicit permission from each contributor to reproduce their writing within *Her Day*. For this reason, the current website is presented as a research and design prototype rather than a publicly deployed platform.

These limitations made clear that respecting first-person accounts involves more than preserving their original words. It also requires recognising contributors' control over how their stories are selected, presented and circulated. For a project dealing with sensitive lived experiences, the role of design is therefore not to claim ownership of other people's stories, but to establish more responsible conditions in which those stories can be encountered and taken seriously.

6.2 EVALUATION AGAINST THE RESEARCH QUESTION

The project addresses the first part of the research question more directly than the second. It demonstrates one way of placing first-person menopause accounts within familiar everyday contexts. By using daily routines as a narrative structure, the design connects symptom descriptions with situations such as work, communication, household tasks and sleep. However, this structure remains a designed interpretation rather than a representative account of menopause.

The project also responds to the concern about simulation and speaking for women. Moving away from sensory simulation reduced the extent to which the design depended on my own assumptions about embodied experience. Using first-person material and multiple accounts kept the source voices more visible. However, this does not remove the designer's influence. Selection, editing and interaction design still shape how these accounts are encountered and understood.

The question of whether the project supports understanding and empathy is less certain. The final design creates opportunities for readers to encounter menopause through everyday situations, compare different accounts and reflect on their own position. These are intended conditions for understanding rather than evidence of a particular emotional outcome. Without systematic user evaluation, the project cannot establish whether readers became more empathetic or whether their understanding changed.

The project therefore answers the research question primarily through a design approach rather than through demonstrated user outcomes. Its main contribution is to explore how first-person accounts can be translated into an interactive narrative while keeping the limits of representation visible.

6.3 LIMITATIONS AND FUTURE DEVELOPMENT

Her Day has a clear research focus, but it also has several limitations. First, the project is mainly based on publicly available English-language Reddit posts. The experiences included are therefore more likely to come from people who can use English, have access to digital platforms and are willing to share personal experiences in public. Menopause experiences shaped by other languages, cultures, financial situations, healthcare systems and patterns of digital access may not be fully represented. Women who cannot or do not want to write on public platforms may also remain less visible.

Second, the project focuses on five areas: hot flashes, brain fog, pain, sleep problems, and emotional and mental health experiences. This limited focus helped me create a clear structure within the available design period. However, it cannot represent the full complexity of menopause. Other important areas have not been explored in enough detail. These include reproductive and urinary changes, medical decisions, hormone therapy, intimate relationships, sexual experiences, caring responsibilities and different working conditions.

The interactive diary also has limits in the experiences it represents. Its main structure follows an ordinary working day in the life of a professional woman. This gives users a familiar and clear way to enter the topic, but it is most closely connected to people with regular working hours and experience of digital office work. Shift workers, manual workers, unemployed women, full-time carers and women in other life situations may experience symptoms in very different ways. The diary should therefore not be understood as a typical or universal menopause experience. It is only one narrative framework that helps users approach the subject.

In addition, *Her Day* mainly organises and presents lived experiences. It does not provide complete medical information, diagnostic tools or treatment advice. It cannot replace a clinical consultation, professional support or evidence-based health guidance. A single visit to the website also cannot prove that a user has developed empathy. The project has not yet included enough user research to understand how people of different ages, genders and backgrounds may respond to the content. It is therefore unclear which interactions may support understanding, which may cause confusion and which may create emotional discomfort.

As discussed in Section 6.1, future public development would require informed consent and clearer contributor control over attribution, anonymity and withdrawal. With permission, the project could then build a more transparent and regularly updated collection of first-person accounts while retaining appropriate source context.

Future versions could include experiences from a wider range of languages, regions, occupations and social backgrounds. Women who are currently experiencing menopause could also be invited to take part in the co-design process. Their involvement could go beyond providing stories. They could help discuss whether the symptom categories, wording, visual choices and interaction methods are accurate,

respectful and easy to understand. This process could reduce the risks created when the designer alone selects and interprets other people's experiences.

Later design research could also explore how to present symptoms that overlap and change over time. At present, the interactive diary shows only one symptom at a time to keep the content readable. In real life, however, physical, cognitive and emotional changes often occur together. A future version could allow users to observe how several symptoms interact across one day. Visual hierarchy and narrative pace would need to be carefully controlled so that the page does not become overwhelming.

The project also requires more systematic user testing. This research could examine whether users understand that the interactive diary is a designed framework made from several accounts. It could also test whether they can recognise the difference between one person's story and a repeated pattern across many stories. Another question is whether the What Stays With You section helps users become more aware of the position from which they are reading. The results could then guide improvements to the mobile experience, keyboard navigation, screen-reader support, text contrast, animation controls and other areas of accessibility.

07,

CONCLUSION

Her Day developed from an informational website into an interactive narrative centred on lived experience. This involved two further shifts: from symptom simulation to first-person narrative translation, and from separate functional pages to a continuous reading journey. The final project therefore focuses less on sensory intensity and more on how existing accounts are organised and presented.

The two-part research question asked how first-person accounts of menopause could be placed within familiar everyday contexts, and how this approach could support understanding without simulating women's embodied experiences or speaking for them. *Her Day* responds through three connected design strategies.

First, *An Ordinary Day* places first-person accounts within the timeline of a normal working day. It turns abstract symptom names into specific interruptions to work, communication, household tasks and sleep. Second, *Many Voices* brings together accounts from different women. It shows repeated patterns while keeping individual differences visible. This prevents one story from being treated as a universal menopause experience. Finally, *What Stays With You* turns attention towards the readers. It encourages them to consider their relationship with the topic and the position from which they understand these experiences.

Taken together, these strategies create conditions for closer attention rather than producing empathy as a measurable outcome. As the project was not systematically evaluated with readers from different backgrounds, further research would be needed to understand how these conditions are received across different audiences.

Ultimately, *Her Day* focuses on how menopausal experiences can remain hidden within ordinary life. Women may continue working, communicating, doing household tasks and caring for others. However, beneath these seemingly normal routines, they may also be dealing with repeated sleep loss, pain, cognitive difficulties, loss of control over the body and self-doubt. This project began with my inability to understand the moment when my mother reached breaking point. The research shifted my attention away from trying to recreate that experience and towards how existing accounts might be given context, visibility and sustained attention. In this sense, *Her Day* provides one way for women's own accounts to enter everyday reading and, potentially, wider public discussion.

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APPENDIX A: AI USE REPORT

1. AI USE LOG

STAGE IN WORKFLOW	TASK / PURPOSE	TOOL + VERSION/MODEL	INPUTS PROVIDED	OUTPUT PRODUCED	CHECK / VALIDATION
Discover 2026.5.3—6.10	Brainstorming	OpenAI ChatGPT 5.5	My initial ideas.	Some potential themes and directions.	I use them solely to spark ideas. Based on brainstorming with the AI, I have settled on a design theme and outlined several directions for further exploration.
Define 2026.6.12—7.3	Understanding research methods	OpenAI ChatGPT 5.5	Questions regarding thematic analysis, digital storytelling, and empathic design.	Explaining relevant concepts.	I read the original papers; the AI only helped me further understand the concepts.
Final Review 2026.8.3—8.9	English proofreading	OpenAI ChatGPT 5.6 Sol	The English text written by myself and request about checking for grammar, spelling, and professional terminology.	The AI flagged potential issues regarding spelling, grammar, punctuation, and terminological consistency.	I assess the suitability of each suggestion myself and finalize the revisions.
Final Review 2026.8.3—8.9	Check reference formatting	OpenAI ChatGPT 5.6 Sol	Cited references and Harvard style requirements.	AI checked the reference list against Harvard formatting.	I personally opened and verified each original source against Harvard formatting standards again, cross-checking details such as author, year, title, and DOI.
Final Review 2026.8.3—8.9	Check image sequence and basic layout	OpenAI ChatGPT 5.6 Sol	The dissertation PDF and my check request list, such as page numbers, fonts, margins, and issues of duplication.	AI provided a checklist of basic layout issues, highlighting problems such as image sequencing, numbering, and captions.	I reviewed each item against the original paper file and personally decided on and implemented the necessary corrections.

The table above lists the AI assistance retained in the final project.
Multiple conversations serving the same purpose have been consolidated into a single entry.

2. CRITICAL REFLECTION

2.1 HOW I USED AI

I used AI differently across the various stages of the project. During the early stages, I primarily used ChatGPT for brainstorming, exploring potential themes and development directions based on my existing ideas. Once I entered the research phase, I first read the original papers and then used AI to deepen my understanding of concepts such as thematic analysis, narrative design, and empathic design. During the final submission stage, I mainly used AI to review the English text I had already written, checking for spelling, grammar, punctuation, and terminological consistency, as well as to verify reference formatting, figure numbering, and basic layout issues. In these instances, AI served a supportive and verificatory role rather than replacing my own research and judgment. I did not use AI during the research and production phases, such as conducting literature searches, reading source materials, collecting and analyzing research data (e.g., Reddit posts), web design, creating analytical charts, or formatting the paper.

2.2 HOW IT INFLUENCED MY WORK

The impact of AI on the project was primarily in helping me visualize a wider range of possibilities, rather than directly dictating the final design. While early brainstorming sessions allowed me to quickly compare various themes and directions, the ultimate decision to focus on menopause, first-person accounts, and interactive storytelling was driven by my research interests, background reading, and the subsequent evolution of the design. As the project progressed, I realized that AI-generated suggestions tend to be generic and may not always be suitable for a project involving sensitive lived experiences. Consequently, the final website structure, interaction design, and the decision to shift from a simulation-based approach to narrative translation were all informed by my own research, design iterations, and ethical considerations. This experience highlighted that while AI is excellent for divergent thinking, it cannot replace the designer's judgment regarding specific contextual nuances.

2.3 HOW I VERIFIED THE OUTPUT

I found that AI sometimes oversimplifies complex concepts or provides answers that appear authoritative yet are not entirely accurate. Therefore, I did not rely on AI explanations as the primary basis for my research. For instance, when grappling with research methodologies and theories, I would first read the original papers and then use AI to clarify difficult sections. When verifying references, I consulted the original sources to cross-check details such as authors, publication years, titles, DOIs, and URLs against Harvard referencing standards. This process taught me that AI serves best as a tool for verification and comprehension support rather than as a definitive source of information.

2.4 BOUNDARIES, ETHICS, AND TRANSPARENCY

The content I input into the AI included my initial ideas, questions regarding research concepts, English text I had drafted myself, and materials for final verification, such as dissertation PDF. To avoid issues related to hallucinations or over-reliance, I did not automatically accept AI-proposed modifications; instead, I critically evaluated whether the suggestions were valid.

2.5 HOW I WOULD IMPROVE NEXT TIME

In the future, I will draw a clearer distinction between aiding comprehension and making judgments on my behalf. While AI can rapidly generate explanations and suggestions, speed does not equate to accuracy. I will continue to use AI to boost efficiency through brainstorming, language checks, and preliminary reviews; however, I will take a more proactive approach in questioning AI-generated explanations, suggestions, and conclusions, ensuring I form my own judgment before acting on them.

3. RESPONSIBILITY STATEMENT

I, Shiyi Cao, confirm that I take responsibility for all final decisions, claims, and outputs, including those developed with the assistance of AI tools.

Edinburgh
Shiyi Cao

09.08.2026